**DEPARTMENT OF CENTRAL MANAGEMENT SERVICES**

**INTERNAL AGENCY AUTHORIZATION/INDIVIDUALLY ASSIGNED VEHICLES (IAV’s)**

In keeping with CMS Rules, 44 Illinois Administrative Code – Part 5040.340 and state fleet policy, vehicles may be assigned to specific individuals if authorized in writing by the head of the agency to which the vehicle is assigned. Assignment should be approved based on the state’s best interests, when a vehicle is necessary for state business use and when it is economically efficient to do so and not solely based on title or commuting needs. IAV vehicles should accumulate enough mileage or reach CMS established breakeven miles annually to be economically efficient to maintain. IAV requirements include but are not limited to driver logs, taxable fringe benefit reporting, agency head justification for commuting miles exceeding 30% of total miles and annual agency checks to ensure employee has a valid driver’s license and proof of required insurance. Annual external reporting to CMS on assignments by this agency and within 30 days of changes that occur is also required.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Assigned: \_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Headquarters Address: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Equipment Number: \_\_\_\_\_\_\_\_ Vehicle License Number (if not covert):\_\_\_\_\_\_\_

Annual Business Miles:\_\_\_\_\_\_\_\_ Annual Commuting Miles:\_\_\_\_\_\_\_\_\_\_

What is the work reason/justification for this assignment: (Be specific, relate the necessity to this employees work tasks i.e.; employee is an inspector covering the southern half of Illinois and 25 locations, employee carries calibration equipment and reports to headquarters only quarterly. Other justification examples may include extensive business miles, special equipment or cargo, need to transport clients or passengers the majority of the time utilized.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Authorization below certifies this assignment meets the requirements of the Office of the Governor Fleet Policy dated April 12, 2010 and the CMS/JCAR Rule criteria for assignment checked below:

1. [ ]  The vehicle is specially equipped to perform law enforcement services and the law enforcement employee is on call 24 hours a day.
2. [ ] The employee’s work assignment requires traveling to numerous locations over a considerable territory with infrequent stops at employee headquarters as defined in the regulations concerning State employee travel.
3. [ ] When the employee is a state official confirmed by the State Senate. (Please note: per Governor’s Office fleet policy noted above, in the case of assignment to agency heads under the Governor, policy indicates additional work use justification is also needed as a basis for assignment to be authorized.)
4. [ ] When the employee is regularly subject to special or emergency calls from his/her residence during non-duty hours.
5. Vehicle usage will be in accordance with the provisions of Section 5040.270(b) of this part.

CMS certifies the employee assigned this IAV has been required to review the current IAV policy and related regulations on use of a state vehicle, taxable fringe benefits, logs and insurance. Justification to permit commuting over 30% if applicable is included if applicable.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please refer to State Travel Control Board Rules for headquarters designation and other travel related questions. Please refer to the Illinois Department of Revenue, Legal Services Division, ph. 217+782-7055 for Taxable Fringe Benefit questions on requirements and exemptions. CMS Internal agency policy on Individually Assigned Vehicles is at least as stringent as CMS/Governor’s Office Fleet Policy.

Driver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_

Agency Chief Financial Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Agency Head Approval Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Cc: CMS/Agency Vehicle Coordinator

Assignee