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GOVERNOR

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AMD 04.0004

**STATE OF HAWAII**
**DEPARTMENT OF ACCOUNTING**
**AND GENERAL SERVICES**
P.O. BOX 119
HONOLULU, HAWAII 96810-0119

January 29, 2004

**COMPTROLLER'S MEMORANDUM 2004-05**

TO: All Department Heads

SUBJECT: Motor Vehicle Permit

In accordance with Section 105-2, (4), H.R.S., state officials and employees are reminded to submit their requests for permits authorizing personal use of government vehicles for the period July 1, 2004 to June 30, 2006. Agencies are also reminded of the Federal Tax Reform Act of 1984 relating to the taxability of the value placed on the use of government vehicle for commuting to and from work.

Enclosed is the form AGS-PU-1 which is to be completed by each employee requiring a permit. Please duplicate as many copies of the form as are required by your agency. Deadline for submitting the form is April 30, 2004.

If there are any questions, please call Brian Saito of the Automotive Management Division at 586-0343.

RUSS K. SAITO
State Comptroller

Enclosure
Application for Personal Use of State-Owned Vehicle

**STATE OF HAWAII**
**DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES**

# APPLICATION FOR PERSONAL USE OF STATE-OWNED VEHICLE

PART I GENERAL INFORMATION

A. ORGANIZATION

| Department / Division | Branch / Section | Island |
|---|---|---|

B. APPLICANT

| Name | Position / Title | Barganing Unit |
|---|---|---|

C. VEHICLE

| Make | Model | License No. |
|---|---|---|

D. APPLICATION (check one) ☐ Renewal of Permit from _____ to _____

☐ New from _____ to _____

PART II WORK SCHEDULE AND TRAVEL MILES

To determine the efects of vehicle assignment on time and distance traveled, the following information regarding your normal work schedule and average monthly miles traveled is required.

| | Start | Finish |
|---|---|---|
| A. HOURS OF YOUR NORMAL WORK SCHEDULE | | |

| B. AVERAGE MONTHLY MILES TRAVELED | Avg. Monthly Miles | Percent of Mileage |
|---|---|---|
| No. Miles Traveled During Normal Work hours | | |
| No. Miles Traveled (Home-Work-Home) | | |
| No. Miles Traveled for Work Purposes After Normal Work Hours (Regular and Emergency Basis) | | |
| No. Miles Traveled for Other Purposes | | |
| **TOTAL** | | |

Percentage of Time Vehicle Used by Permitee _____%

Percentage of Time Vehicle Used by Others _____%

Please check one of the two to indicate whether the above information is based on:

☐ Past Year, Actual Miles ☐ Estimated Miles

PART III AFTER HOURS USAGE OF STATE MOTOR VEHICLES

After hours usage of motor vehicles are divided into two categories: 1) when the nature of the employee's job requires the use of a government vehicle after normal working hours on a regular basis, and 2) when the employee must be on-call to respond to emergencies. Please answer the following questions if they apply to you, if not proceed to Part IV.

A. FOR JOBS REQUIRING THE USE OF GOVERNMENT VEHICLES AFTER NORMAL WORKING HOURS ON A REGULAR BASIS:

1. What is the nature of this job ?

Permit No. _____

2. Why does it nessesitate the use of a government vehicle (I.e. are there any special requirements such as a 4-wheel drive vehicle, equipment/tools, or the authority of the state seal etc.)?

3. Please check one of the items below to indicate the frequency of your weekly after hour travel.

☐ 5 days or more ☐ 3 - 4 days ☐ 1 - 2 days

B. FOR JOBS REQUIRING ON-CALL STATUS FOR EMERGENCY RESPONSE:

1. What is the nature of this status?

2. Why does it nessecitate the use of a gevernment vehicle (I.e. are there any special requirements such as a 4-wheel drive vehicle, equipment/tools, or the authority of the state seal, etc.)?

3. How many emergencies did you respond to during the last fiscal year ( 07/01/___ to 06/30___ ) ? List the approximate date, location of the emergency(s) and the approximate miles traveled.

4. Is there a problem with the accessibility to a state vehicle (e.g. access to the parking area after normal working hours or the time factor involved in retrieving the vehicle from the state parking area)? If yes, please explain the problem.

## PART IV DISTANCE,TIME, AND LOCATION BETWEEN HOME AND WORK SITE

There may be a direct benefit in assigning a state vehicle in instances where the employee's residence is significantly closer to his work site as compared to the central garage where state vehicles are parked. The assignment of a state vehicle will allow the employee to proceed directly to the assigned work site saving both time and wear and tear on the vehicles.

Answer the following questions if they apply to you, by indicating the distance (to the nearest mile), and the time it takes to travel (to the nearest 1/2 hour) between your residence, state parking site, and work site. If there are multiple assigned work sites which vary during the year, take an average of the time and distance traveled. If this section does not apply to you proceed to Part V.

1. Fill in the following information for the route traveled from home to office.

Time Start: _____ Time End: _____ Miles: _____

Home Location: _____

Office Location: _____

2. Fill in the following information for the route traveled from office to work site:

Time Start: _____ Time End: _____ Miles: _____

Work Site Location _____

3. Fill in the following information for the route traveled from home direct to work site:

Time Start: _____ Time End: _____ Miles: _____

## PART V VANDALISM AND / OR THEFT

To ensure the protection of state vehicles and associated equipment, security from vandalism and theft must be evaluated at both the state and private parking sites.

1. At what State facility or location/address is the vehicle parked at during non-working hours and what kind of security is available ?

2. List any incidence of vandalism or theft at this location that you are aware of (include any vehicle affected: Dags Central Motor Pool Vehicles, other state vehicles, private vehicles, etc).

3. If the assignment of a state vehicle is approved, where will the vehicle be parked and what kind of security will be available (e.g. applicant, guard, enclosed parking area, etc.) ?

## PART VI ADDITIONAL COMMENTS AND JUSTIFICATION

If there are any other reasons or justification that you feel should be considered in assigning a state vehicle to you, please indicate these in the space provided below.

PART VII VALIDATION

A. EMPLOYEE

I hereby certify that all statements in this application are true and correct to the best of my knowledge.

Date _____ Applicant's Signature _____

B. PROGRAM MANAGER / SUPERVISOR

I herby verify the accuracy of all the statements in this application and recommend the following action:

☐ Approval ☐ Disapproval

Date _____ Program Manager's / Supervisor's Signature _____

PART VIII DIVISION HEAD'S RECOMMENDATION

☐ Approval ☐ Disapproval

Date _____ Division Head's Signature _____

PART VIIII DEPARTMENT HEAD'S RECOMMENDATION

☐ Approval ☐ Disapproval

Date _____ Department Head's Signature _____

PART X Request for Motor Vehicle Permit is:

☐ Approved ☐ Disapproved

Date _____ Comptroller's Signature _____