

**Virginia Department of Agriculture and Consumer Services
State Vehicle Acknowledgement and Use Agreement**

ALL EMPLOYEES MUST SIGN ►

My signature acknowledges receipt of VDACS Policy 4.5, Obtaining and Operating State Vehicles. I further acknowledge that I have read Policy 4.5 and understand my personal responsibilities regarding authorized use. I am aware that misuse and/or negligent use of a state vehicle may result in disciplinary action (up to and including dismissal) and forfeiture of my privilege to operate a state or rental vehicle. I further understand that the Human Resource Office will file this document in my official personnel record. Employees will be required to sign the Appendix A whenever the vehicle policy is updated.

I have read and agree to the terms and conditions outlined in this agreement.

► Employee’s signature and date

► Print Name

Additional Certification for employees assigned a permanent agency owned or fleet vehicle:

This agreement is entered into on _____ between _____, herein referred to as “the employee”, and the Virginia Department of Agriculture and Consumer Services, herein referred to as “VDACS”. The employee is assigned a state owned vehicle for use in performing his/her job.

I acknowledge that this policy indicates that commuting between home and work is a personal expense. As a benefit of being assigned a state vehicle, I certify that the following selection is true and correct. You must check one of the 3 categories:

1. Office or Lab Based

- Primary work location is the following office or laboratory _____
The assigned state vehicle will be parked at _____.
Travel to and from this facility will be in my **personal** vehicle. The state vehicle may not be used at any time for any personal business. It is my responsibility to advise the ATO if these circumstances change. Failure to follow these policies and procedures may result in the return of the state car and/or disciplinary action in accordance with the VDACS' Standards of Conduct Policy.

Employee’s signature and date

2. Home Based/Mobile Worker

Primary work location is my home located at (address)_____

The assigned state vehicle will be parked at my home in my driveway or garage. It will not be parked on a residential street. I do not routinely report to an office or lab.

I understand that a portion of my travel is considered commuting by IRS regulations. I understand that this value will be considered a taxable fringe benefit and the value added to my payroll earnings. I agree to abide by the following requirements:

- The state-owned vehicle may only be used for commuting to and from business locations from my residence listed above. It may not be used at any time for any personal business.
- The semi-monthly cost for commuting is based on the following formula: \$3 commuting round-trip multiplied by 220 days divided by 24.
- The employee’s semi-monthly value for commuting is: \$ 27.50
- The payroll value may be suspended if the employee is absent for an extended period due to Family and Medical Leave Act (FMLA) approved leave. In the case of FMLA approved leave, the employee must contact the Director of Human Resources to request a temporary suspension of commuting benefits.
- The payroll amount remains constant unless the state and/or federal policy changes. VDACS may modify or terminate this agreement at any time at its discretion and/or in the event of changes to the Department of General Services’ Office of Fleet Management Services policies and procedures regarding the use of state-owned vehicles. All modifications and terminations must be in writing (e-mail is acceptable).
- It is my responsibility to advise the ATO if these circumstances change. I understand that failure to follow these policies and procedures may result in the return of the state car and/or disciplinary action in accordance with the VDACS’ Standards of Conduct Policy.

Employee’s signature and date

3. Approved Commuters (Meat and Poultry Inspectors only)

My work location is at the following slaughter or processing plant located at _____

The assigned state vehicle will be parked at my home located at (address)_____

I understand that my travel to and from my work location is considered commuting under state and IRS regulations.

- The state-owned vehicle may only be used for commuting to and from work locations from the employee’s residence listed above. It may not be used at any time for any personal business.

- The semi-monthly cost for commuting is based on the following formula: \$3 round-trip multiplied by 220 days divided by 24.
- The employee's semi-monthly cost for commuting is: \$ 27.50_____
- I agree to pay for commuting costs through a payroll deduction. Payment is made in advance and is non-refundable.
- The payroll deduction may be suspended if the employee is absent for an extended period due to Family and Medical Leave Act (FMLA) approved leave. In the case of FMLA approved leave, the employee must contact the Director of Human Resources to request a temporary suspension of commuting costs.
- The payroll deduction amount remains constant unless the state and/or federal policy changes. VDACS may modify or terminate this agreement at any time at its discretion and/or in the event of changes to the Department of General Services' Office of Fleet Management Services policies and procedures regarding the use of state-owned vehicles. All modifications and terminations must be in writing (e-mail is acceptable).
- I understand that failure to follow these policies and procedures may result in the return of the state car and/or disciplinary action in accordance with the VDACS' Standards of Conduct Policy.

Employee's signature and date

Employee's Name: _____

State Vehicle ID Number: _____

State Vehicle Assignment Date _____ **Assigned by:** _____

Approved:

Employee's Supervisor signature and date

Program Manager signature and date

Division Director/Deputy Division Director signature and date

Director of Human Resources signature and date