Authorization for Use of Company Vehicle by Resident

This is a request for		to use a company vehicle during
	Resident's Full Name	
the course of employme	nt withFull Name of Con	This vehicle may also npany
be driven to and from the	e place of employment, during	regularly scheduled working hours, in
the performance of his/h	er employment duties, while re	siding at Center Name
Justification For Reque	est:	
Type of Vehicle to be C	Operated: Model	VIN #
		V II ν #
Description		
Frequency of Use		
Type and Amount of In	nsurance Coverage	·
Name of Company Em	ployee making Requesting: _	
Signature of Company	y Employee	Date
Approval/Disapprova (circle one)		Date

Retention Schedule: Upon completion, this form shall be placed in the Resident's case file and maintained according to the official retention schedule for that file.