STATE-OWNED VEHICLE USE
AND RESPONSIBILITY

My signature below indicates that I accept responsibility for the state-owned vehicle that has been assigned to me or that I have been designated as its primary user from a multi-user group. Furthermore, the State-Owned Vehicles Policy and the Staff Travel Policy has been discussed with me, and I understand and will comply with each item completely.

(1) Traffic violations while driving state-owned vehicles
(2) Loaning and borrowing of state-owned vehicles
(3) Campus rules concerning all vehicles
(4) Maintenance, upkeep, and repair of state-owned vehicles
(5) Log sheets for state-owned vehicles (required by law)
(6) Automobile insurance
(7) Automobile accidents occurring to or in state-owned vehicles

________________________________________  ________________________________________
Employee’s Signature    Supervisor’s Signature

________________________________________  ________________________________________
Employee’s Name (Print or type)   Supervisor’s Name (Print or type)

________________________________________  ________________________________________
Vehicle Inventory Number    Date