

REQUEST/JUSTIFICATION FOR RETENTION OF FULL TIME ASSIGNED CESE TO PERFORM MISSION

USN Number _____

DATE: _____

From: _____ (ATC Name & Phone #)

To: Transportation Superintendent, PWC

Via: _____ (Activity/Dept/Div)

Type of vehicle (sedan, pickup, van) requested: _____

REQUIREMENTS

Daily average mileage (including all on and off station usage):
_____ 15 miles or less, _____ 25 miles, _____ 35 miles, _____ 40 miles, _____ other (please estimate)

Number of persons who regularly operate vehicle daily: _____

Average number of passengers per trip: _____

Most frequent destination and purpose of business: _____ on station, _____ off station

Average number of trips per day: _____

Average weight and type of cargo carried: _____

Note: Sedans and Passenger Vans cannot be used to carry cargo

Special requirements (i.e., special purpose use, install equipment, alterations required for specific function):

Detailed justification for full time assigned vehicle: _____

Impact if full time assignment vehicle is not available: _____

What other type of vehicle(s) may fill the requirement? _____

If a pool vehicle is readily available on an intermittent run basis, can this satisfy minimum requirements in lieu of a full time assigned vehicle? Yes ___ No ___ (Explain)

Signature, Title and Phone _____