

## City of New Orleans Take-Home Vehicle Add/Delete/Change Form

This form is to be completed by each employee authorized to operate a take-home City Vehicle, as well as for deleting authorizations **and for making any changes to take-home status**. The form must be signed by both the employee and the appointing authority, forwarded to the Chief Administrative Office for approval, and the returned copy placed in the employee's personnel folder. The employee and the appointing authority will also be required to complete a Deduction Update Form, available from Human Resources, to begin or end the payroll deductions for take-home vehicle usage.

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What is the purpose of this authorization? (Add, Change, or Delete?) \_\_\_\_\_

### **Employee Information**

Employee Name: \_\_\_\_\_ Employee SSN or City ID Number: \_\_\_\_\_

Employee Address (Street, City, State, and Zip Code):  
\_\_\_\_\_  
\_\_\_\_\_

Employee Department: \_\_\_\_\_ Department Org. Code: \_\_\_\_\_

### **Vehicle Information**

City Vehicle ID/Asset Number: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Odometer Reading: \_\_\_\_\_ Color: \_\_\_\_\_

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To add authorization: employee must initial next to all questions below. **Failure to complete may terminate vehicle privileges.**

\_\_\_\_\_ I acknowledge receipt of the current CAO Circular Memorandum regarding the Take-Home Vehicle Personal Use Charge.

\_\_\_\_\_ I acknowledge that I have been authorized to use a City-owned vehicle and that I am authorized to take such vehicle home.

\_\_\_\_\_ I hereby authorize payroll deductions as specified by the current CAO Circular Memorandum governing the Take-Home Vehicle Personal Use Charge.

\_\_\_\_\_ **I hereby declare that the one-way driving distance from my actual domicile to my Department's headquarters is \_\_\_\_\_ miles.**

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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appointing Authority Approval/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Date this addition, deletion, or change(s) will take effect:** \_\_\_\_\_

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### **To be completed by the Chief Administrative Office**

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_