EXECUTIVE VEHICLE BENEFIT PROGRAM
Election Request Form

I hereby elect to participate in the Executive Vehicle Benefit Program, based on the option below, effective _____ , _____ .
Pay Period Year

Elected Officials

Name (please print): _____

Title: _____

Department: _____

Employee ID#: _____

I elect one of the following options:

☐ Automobile Allowance of $550.00 per month. All business use mileage may be reimbursed by the County upon submittal of an Expense Reimbursement Claim (General Form 14).

☐ County Vehicle. I understand that I must keep a detailed log of **ALL** business and personal usage of the County vehicle and submit the Executive Vehicle Mileage Log to the Auditor Controller's monthly. Forms are due by the 12th of the month following the month on the log.

☐ I choose not to keep a log and request that the total value for the car lease be accounted as taxable income. Note: You will have to account for and submit beginning and ending mileage monthly. Forms are due by the 12th of the month following the month on the log. This should be submitted on the mileage log.
Beginning Odometer Mileage Reading_____

Other Eligible Employees

Name (please print): _____

Title: _____

Department: _____

Employee ID#: _____

I will receive an Automobile Allowance of $550.00 per month. All business use mileage per month may be reimbursed by the County upon submittal of an Expense Reimbursement Claim (General Form 14), and the Executive Vehicle Mileage Log substantiating the claim. If I choose to receive reimbursement, I understand that I must keep a detailed log of **ALL** business usage on the Executive Vehicle Mileage Log.

I hereby acknowledge that I will have sole responsibility to meet Internal Revenue Service requirements for substantiating any deductions I report for business use (*Title 26, Chapter 1, Part 1 of the Code of Federal Regulations*). I understand that this executive vehicle benefit is reported as taxable income.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

HUMAN RESOURCES
Classification concurs with Salary Ordinance 440:

☐ Yes. Please route to Auditor-Controller Payroll Division.

☐ No. Please return form to employee's dept.

Approved: _____

AUDITOR-CONTROLLER
Payroll Division

☐ Payroll adjustment
PP _____ Year _____

☐ Approved _____