

West Virginia Division Of Highways Take Home Vehicle Assignment Criteria

Form: DOH-21

Revised: 03/05/19

District / Division

<u>Employee Name</u>	<u>Employee</u>		<u>Plus One of the Following</u>		<u>If Temporary From/To Dates</u>		<u>Reason (Ex: SRIC, Temp Assignment)</u>	<u>Committee Approval Y /N</u>
	Required travel over 1,100 miles/month	Part of Job Assignment	On call at all times	Continual Variable Work Station	From	To		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

<u>Employee Name</u>	<u>Dept/Commission Head</u>		<u>Committee Approval Y / N</u>
	Required travel over 1,000 miles/month	On call at all times	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Division Director or DE/DM Approval

Division Director or DE/DM Approval Signature

Date: _____

Reviewed by Committee

Date: _____

Approved (Signature): _____

Notify Director / DE-M Date: _____