

West Virginia Division Of Highways Request For Assignment Of A Transportation Vehicle

Form: DOH - 55

Revised: 03/05/19

Assignment of a state-owned vehicle from the DOH motor pool is requested for:

Employee Name _____ Position _____

Employee's Official Work Station _____

Justification for this assignment and parking location is: _____

Requested assignment dates: FROM _____ TO: _____ (Max. assignment period is one calendar year)

TAKE HOME VEHICLE ASSIGNMENT

Employee's Home Address: _____

Criteria: *Department / Commission Head:* Required Travel over 1,000 miles or more per month Official Duty Call

Employee: Required Travel over 1,100 miles or more per month Part of Job Assignment

Plus one of the following: Official Duty Call Continual Variable Work Station

NON TAKE-HOME VEHICLE ASSIGNMENTS

Address where vehicle will be parked if location is other than Employee's Official Work Station:

Justification for request to park at alternate location:

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

APPROVAL

Vehicle ED # _____ Date: _____
(DE/M – Division Director – DOH Commissioner - State Hwy Engineer)

I have read and acknowledge the [Vehicle Management and Use Policy \(DOH 4.2\)](#). Any reassignment or change in the above information requires the submission of another [DOH-55](#) and resubmission for approval.

Employee Signature _____ Date: _____