



# EMPLOYER VEHICLE USE AUTHORIZATION

Work/Training Release       Community Parenting Alternative (CPA)       Graduated Reentry

You may request to use an employer-owned vehicle(s) for legitimate employment purposes. Vehicle use must be approved by the Reentry Program Administrator/Community Corrections Supervisor (CCS). Before authorization, you must provide proof of a valid driver's license, registration, and insurance.

Name: \_\_\_\_\_ DOC number: \_\_\_\_\_

I agree to the following conditions and expectations when operating a motor vehicle. I recognize that driving is a privilege and not a right.

1. I will only drive employer-owned vehicles for legitimate employment purposes.
2. Vehicles will be operated in a responsible, safe manner and comply with all traffic laws and regulations.
3. I must immediately notify the case manager when a traffic violation/vehicle accident occurs.
4. For Graduated Reentry/CPA, vehicle authorization will be reviewed on the first of each month for appropriate use and continued approval.

\_\_\_\_\_  
Incarcerated individual signature

\_\_\_\_\_  
Date

**Vehicle Description:**

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

Color: \_\_\_\_\_ State/country: \_\_\_\_\_ License plate: \_\_\_\_\_

**Vehicle Description:**

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

Color: \_\_\_\_\_ State/country: \_\_\_\_\_ License plate: \_\_\_\_\_

**AUTHORIZATION**

\_\_\_\_\_  
Case manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reentry Program Administrator/CCS

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Case manager      **COPY** - Incarcerated individual