

Driver Assignment /Re-Assignment Form

Employee Info:

Name: _____ LUID: _____

Department: _____ Org Code _____

Supervisor Name: _____

Reason:

Unassigned From: (Current Vehicle Assignment)

Vehicle Number: _____ Dept. Keys: _____ Trans. Keys: _____

Year: _____ Make: _____ Model: _____

VIN#: _____

Tag: _____ Mileage: _____

Assigned To: (New Vehicle Assignment)

Vehicle Number: _____ Dept. Keys: _____ Trans. Keys: _____

Year: _____ Make: _____ Model: _____

VIN#: _____

Tag: _____ Mileage: _____

Supervisor Signature: _____ Date: _____

Transportation Manager: _____ Date: _____

Vice President/ Dean: _____ Date: _____

Office Use Only:

Collective Data

Verizon

FuelMaster

FuelMan