1.0 PURPOSE

To establish reporting guidelines for the use of State vehicles and private vehicles employed on Department business.

2.0 REFERENCES

.1 Hawaii Revised Statutes (HRS), §90, Audit and Accounting.

.2 HRS, §662-16, Defense of State Employees.

3.0 POLICY

Use of a State vehicle shall be for official business only.

.1 Every organizational unit in the Department owning State motor vehicles shall establish a preventive maintenance program to minimize vehicle deterioration and establish a regular routine covering automotive equipment preventive maintenance. The auto mechanic foreman, or designated authority, charged with the maintenance of automotive equipment shall establish a periodic protection maintenance service based upon modern techniques.

.2 All vehicle mileage shall be recorded to comply with State audit and accounting laws. This includes mileage driven in private vehicles for official State business as well as in State-owned and State-leased vehicles.

.3 Employees driving private cars on State business are not covered by the State fleet insurance policy thus have no coverage for personal injury or property damage claims other than that afforded by their personal insurance policies. The State may defend any civil action brought against a staff member which arises out of an accident which occurred in the scope of an in the course of their employment.

4.0 PROCEDURES

.1 Recording and Reporting Use of Private Vehicles

   a. Employees who intend to use their private vehicle on Departmental business shall first obtain authorization from their immediate supervisor. The supervisor shall be responsible for ensuring that the request is within the
alotted travel funds for their organizational unit. If sufficient travel funds are available, the employee shall be issued a Purchase Order for travel expenses (the dollar amount shall be left blank and filled in after completion of travel).

b. Upon completion of travel, State Accounting Form C-33 shall be completed (reference Attachment A). The vehicle’s odometer reading must be recorded on the form for the start (from) and end (to) of each trip. The Purchase Order number given the employee shall be recorded as the document control number on form C-33. The completed form(s) C-33 and Purchase Order shall be sent to the organization’s accounting office for processing.

.2 Recording and Reporting Use of State-Leased Vehicles

a. The mileage of vehicles leased from the State Central Motor Pool shall be recorded on the Department of Accounting and General Services (DAGS) form AGS-26, Monthly Travel Log (reference Attachment B).

b. At the end of the month, completed form AGS-26 shall be sent to the organization's accounting office for processing.

.3 Recording and Reporting Use of State-Owned Vehicles

a. The mileage of all State-owned vehicles shall be recorded on form PSD 1920, Monthly Mileage Record (reference Attachment C). Each trip shall be authorized by the initials of the employee’s supervisor in the appropriate area on the form.

b. At the end of each month, form PSD 1920 shall be reviewed and signed by an administrator of the organization who shall have the total monthly mileage for each vehicle computed.

c. Form PSD 1920 shall be kept on file at the originating organization. It shall be used for controlling a vehicle preventive maintenance program and for any other purposes as determined by the facility.

.4 Marking of State Vehicles

All passenger cars, including stations wagons, shall be painted Wimbledon White, Dupont 93-6923, or equal. All buses, trucks, and vans shall have the option of Wimbledon White, or painted a Buff, Dupont 93-35686, or equal.
Tractors, highway construction equipment, grounds maintenance equipment, and utility equipment shall be painted Federal School Bus Yellow, or equal.

a. Each vehicle and/or heavy equipment shall have placed upon it (1) the authorized State seal, (2) the official use decal, and (3) the Department of Public Safety decal directly below each other.

b. In addition, the words “Corrections” or “Law Enforcement” shall be printed in one inch (1") black letters the Department decal, normally located on the vehicle door and on the most conspicuous part of non-vehicles or equipment:

STATE SEAL

FOR OFFICIAL USE ONLY
(2" Letters)

DEPARTMENT OF PUBLIC SAFETY
(1" Letters)

CORRECTIONS or LAW ENFORCEMENT
(1" Letters)

c. There may be exceptions to vehicle color requirements and placement of the word “corrections” or “law enforcement”, but the Department of Accounting and General Services wishes they kept to minimum. Those wishing an exception shall indicate their desire and justification at the times of requesting central purchasing action to solicit bids.

.5 Ordering Forms

Form PSD 1920 may be ordered from Correctional Industries. Forms AGS-26 and C-33 may be ordered from the Department of Accounting General Services.

5.0 SCOPE

This policy applies to all organizational units in the Department.
APPROVAL RECOMMENDED:

Deputy Director for Administration

Date

Deputy Director for Corrections

Date

Deputy Director for Law Enforcement

Date

APPROVED:

Director

Date
STATE OF HAWAII
PERSONAL AUTOMOBILE MILEAGE AND PRE-TAX PARKING VOUCHER

OCUMENT
ONTROL NO. __________ MONTH OF __________ YEAR __________
SUBMITTED BY
(PRINT NAME) __________
SOCIAL SECURITY NO. __________
POSITION TITLE __________
BU __________ PAYROLL NO. __________

RANCH/SECTION
EAR
MAKE
MODEL & TYPE __________

FX TC F YR APP D OBJECT CC PROJECT PH ACT AMOUNT __________
OPTIONAL DEPARTMENTAL DATA
XXXXX __________

MONTH DAY TRIP NUMBER FROM TO REMARKS MILES TRAVELED PARKING FEES

I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT RECORD OF MILEAGE ON MY PERSONAL AUTOMOBILE USED AND PARKING FEES INCURRED IN PERFORMING MY OFFICIAL DUTIES ACCORDING TO THE COMPTROLLER'S RULES AND REGULATIONS GOVERNING OFFICIAL TRAVEL AND TRANSPORTATION EXPENSES. I FURTHER CERTIFY THAT I CARRY THE MINIMUM LIABILITY INSURANCE AS REQUIRED BY THE "HAWAII NO-FAULT LAW" WITH:

(INSURANCE COMPANY)

POLICY NO. __________ EXP. DATE __________

THIS IS ALSO CLAIM REIMBURSEMENT OF EXCESS PRE-TAX PARKING PAID UNDER THE FLEX PARK PLAN FOR THE MONTH(S) OF:

(This only applies to employees who qualify for reduced parking rates as provided under collective bargaining agreement or executive order.)

(EMPLOYEE'S SIGNATURE) __________ (DATE) __________

A. TOTAL MILEAGE __________
B. TOTAL MILEAGE CLAIM
(A X Rate: _______ cents)
C. TOTAL PARKING FEES __________
D. TOTAL CLAIM FOR REIMBURSEMENT (B + C) __________

CALCULATION OF REPORTABLE & TAXABLE MILEAGE**
E. FEDERALEY ALLOWED MOUNT
(A X Rate: _______ cents) ________ (L)
F. TAXABLE AMOUNT (B-E) ________ (T)

TAXABLE PRE-TAX PARKING REIMBURSEMENT** ________ (T)

G. PRE-TAX PARKING REIMBURSEMENT ________

APPROVED:

(SIGNATURE) __________ (DATE) __________ (TITLE) __________

The taxable mileage amount calculated above and pre-tax parking reimbursement amount will be reported as income to the IRS and will result in the withholding of Federal, State, and FICA taxes from gross payroll wages. Retain a copy of the form to prepare your personal tax return.
<table>
<thead>
<tr>
<th>Date</th>
<th>ODOMETER READING</th>
<th>Miles Travelled</th>
<th>Official Travel From - To</th>
<th>Safety Meas.</th>
<th>Gallons</th>
<th>Driv Init</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>End Start</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Vehicle</th>
<th>Monthly Rate: $</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Miles Travelled</th>
<th>Total Charge: $</th>
</tr>
</thead>
</table>

FLAT RATE (under 350 miles) . . . . . . . . . $ 

DRIVER'S SAFETY MEASURES -- Before using vehicle:
1. Visual check of vehicle:
   a. Tires, window glass, current safety sticker, vehicle's appearance (dents, damages, etc.).
2. Adjustments and other pre-checks:
   a. Seats, safety belts, mirrors, brake & clutch levels, horn, lights, fuel, directional lights, steering play, door locks, wipers, washers, head rests, etc.

3. During and after operation of vehicle:
   a. Exercise all defensive driving techniques.
   b. Check gauges and mirrors as frequently as possible.
   c. Complete and submit "Operator's Report on Vehicle Deficiencies" when noticed or encountered (engine brakes, etc.).
MONTHLY MILEAGE RECORD

VEHICLES ASSIGNED ________________  DIVISION/OFFICE/BRANCH

MONTH OF ________________________  Year __________

LICENSE NO. STATE ___________________  START OF MONTH MILEAGE

YEAR/MODEL OF VEHICLE ________________  END OF MONTH MILEAGE

TYPE OF VEHICLE _____________________  TOTAL

<table>
<thead>
<tr>
<th>DAY</th>
<th>TRIP NO.</th>
<th>FROM</th>
<th>TO</th>
<th>START MILEAGE</th>
<th>END MILEAGE</th>
<th>MILES</th>
<th>DRIVER INITIAL</th>
<th>TRIP AUTHORIZED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: If this total differs from the Meter Mileage shown above please make explanation on the back of this form

REVIEWED BY: __________________________________________

Administrator _____________________________ Date ____________

PSD 1920 (2/93)