State of Montana
DEPARTMENT OF CORRECTIONS
REQUEST FOR VEHICLE ASSIGNMENT

Requesting division, facility, or program: _____

Employee Assigned to the vehicle: _____

Please describe how the duties/role of the employee qualifies as a quick emergency response. (Use additional paper as needed):

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A permanent vehicle assignment will be allowed only when doing so is clearly consistent with the Department's mission and the operational needs of the applicable division, facility, or program. In accordance with 2-17-425, MCA emergency response records must be submitted to the fleet management unit who will forward to the director for review every six months.

_____

Signature of approval by administrator Date

_____

Signature of approval by director Date