



# HIDALGO COUNTY, TEXAS

## Auto Allowance Authorization Form

Department Name/Number: Health Dept. / 340 Date: 6/13/11

Position Title: Environmental Health Services Division MANAGER Position Slot No. : 0046

Position Status:  Vacant  Current  
*If position status is vacant go to Justification for Auto Allowance Section*

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Employee Driver License No.: \_\_\_\_\_

Auto Allowance Amount Request: \$5,000

Auto Allowance to be funded from one of the following:

- Current Department Budget   
  Annual Budget Cycle   
  Will Require Additional Funds   
  Other

### VEHICLE INFORMATION

Year, Make, & Model: \_\_\_\_\_ Ins. Policy Number: \_\_\_\_\_

VIN Registration No. : \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_

License Plate No. : \_\_\_\_\_ Ins. Coverage Date: \_\_\_\_\_

\*Vehicle Insurance Provider: \_\_\_\_\_ Ins. Verified By: \_\_\_\_\_

\*Employee should provide copy of current vehicle liability insurance policy and driver license to their respective department and to the Safety Division.

### JUSTIFICATION FOR AUTO ALLOWANCE

In the space provided below, please justify why the auto allowance is needed, in lieu of receiving the IRS current mileage reimbursement rate for In-County business use of personal vehicle.

**The position indicated is considered an administrative level operations position. The requirements will be to travel to various inspections, meetings, and will require weekend travel. The estimated travel per week will be in excess of 190 miles. The allowance is justified due to the amount of travel in dealing with OSSF, Sanitation, Vector control, Zoonosis, and other public health needs as assigned by the Public Health Chief Administrative Officer.**

\_\_\_\_\_  
**Employee Signature** **Date**

*By signing this Auto Allowance Authorization Form, I understand that I will not be eligible to receive mileage reimbursement for using my personal vehicle for In-County business travel. I further understand that the Auto Allowance provided to me is subject to all applicable federal and state income taxes and will be included in my bi-weekly or semi-monthly paycheck (as applicable). The Auto Allowance amount is subject to change, upon Commissioners Court approval.*

\_\_\_\_\_  
 Department Head/Elected Official Date 6-13-2011

Funding Available in Dept. Budget  YES  NO