



AUTOMOBILE ELECTION AGREEMENT Contract

Initiate Revise Cancel

Must print in Black	or Blue ink ONL	.Y.					
Employee ID	Rcd No.	Last Name, First Name			Effect	ive Date	Company
Job Code		Classification	Allowance Amour	nt	Department		
I elect the follo	wing:						
Bi-Weekly A	•	llowance					
		unty vehicle and elect to rece	ive bi-weekly automobile	allowance, with <i>i</i>	10 business	mileage re	imbursement.
be consid vehicle.	lered complet Dependent up npensation ea	t provide a private vehicle for e reimbursement for the acq on applicable employment tie rnable for retirement purpose	uisition, insurance, maint er (Tier I or Tier II) the bi-	enance, repairs, weekly automob mployees' Pensio	upkeep, fu ile allowand on Retireme	el and all c e may or m nt Act.)	osts for my private nay not be included
I am no longer driving a County provided vehicle. Date Fleet Managem							nitials
The vehicle h	as been returi	ned to the Fleet Management					
			-OR-				
County Pro	vided Vehicle	e (if eligible)					
personal use wages and to for retirement I m amo Sun If m If th	e of this Coun axed in accord it purposes. If ust reimburse bunt will be d inmary report to y employment e value of the	under the following condition ty-provided vehicle. If I am a lance with state and federal the I am not an elected official, I the County the value of succeducted from my regular particles of Central Payroll. With the County terminates be personal use for tax purpose axable gross wages will not be	an elected official, the va ax law. Such taxable gro understand the following ch personal use at the cu aycheck approximately 1 efore the deduction can be as exceeds the amount re	lue of such persess wages will no conditions apply irrent motor poot to 2 pay periode taken, I'm response taken, I'm response taken, my tax	sonal use we to be included to me: I variable rads after I sonsible for received.	rill be considered in my considered per mile submit my be submit my be submit sing the wages will be considered.	dered taxable gross inpensation earnable by The reimbursable Vehicle Information the County. be increased by the
		This election shal	l be effective until modit	fied by the empl	oyee.		
Employee (Print & Sign)							Date
		Date					
			L SPECIALIST VERIF	CATION			
Bi-Weekly Automobile Co						County Provided Vehicle Deduction Code	
	A00 – Contract \$		Dea	Deduction Code			
AAP RAP	A00 – C0	muaci \$	-				Auto
	F	Payroll Specialist Name (Print & Sign)		Tele	phone	Date
This document	form incorpor	ates use of e-signatures in				Office Use Only	·

This document/form incorporates use of e-signatures in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

DISTRIBUTION: Original - EMACS-HR (0030)

Job Code Eligibility Verified (Employee ID)	Audited By (Employee ID)	Date	Keyed By (Employee ID)	Date

(Contract Automobile Election Agreement)

REV. HR 02/06/2025