Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.



Γ

AUTOMOBILE ELECTION AGREEMENT

Elected Officials

		Initiate	Revise	Cancel									
Must print in Black or Blue ink ONLY.													
Employee ID	Rcd No.	Last Name, First Name Effective Da				Company							
Job Code		Classification	Departme	ənt									
l elect the following:													
Bi-Weekly Automobile Allowance													
I am not assigned a County vehicle and elect to receive bi-weekly automobile allowance with no business mileage reimbursement.													
I understand that I must provide a private vehicle for my own use while on official County business. The allowance selected above shall be considered complete reimbursement for the acquisition, insurance, maintenance, repairs, upkeep, fuel and all costs for my private vehicle. Dependent upon applicable employment tier (Tier I or Tier II) the bi-weekly automobile allowance may or may not be included in my compensation earnable for retirement purposes (subject to the Public Employees' Pension Retirement Act.) Return of County Vehicle I am no longer driving a County provided vehicle. The vehicle has been returned to the Fleet Management Motor Pool Division on -OR-													
County Provided Vehicle (if eligible)													
The County will provide a vehicle, including acquisition, insurance, maintenance, repairs, upkeep and fuel. I understand that I may use such vehicle for personal use under the following conditions. I understand that twice a year, Central Payroll will request a summary of my personal use of this County-provided vehicle. If I am an elected official, the value of such personal use will be considered taxable gross wages and taxed in accordance with state and federal tax law. Such taxable gross wages will not be included in my compensation earnable for retirement purposes. If I am not an elected official, I understand the following conditions apply to me:													
 I must reimburse the County the value of such personal use at the current motor pool variable rate per mile. The reimbursable amount will be deducted from my regular paycheck approximately 1 to 2 pay periods after I submit my Vehicle Information Summary report to Central Payroll. If my employment with the County terminates before the deduction can be taken, I'm responsible for reimbursing the County. If the value of the personal use for tax purposes exceeds the amount reimbursed, my taxable gross wages will be increased by the difference. Such taxable gross wages will not be included in my compensation earnable for retirement purposes. 													
This election shall be effective until modified by the employee or by operation of a personnel action.													
Employee (Print & Sign) Date													
	Date												

Appointing Authority or Designee (Print & Sign)

Date

PAYROLL SPECIALIST VERIFICATION

Bi-Weekly Automobile							County Provided Vehicle			
Reason	Earnings	Deduction Code								
	A01 Elected Officials	Auto								
	A08 District Attorney / Sheriff-Coroner									
Payroll Specialist Name (Print & Sign)					Telephone		Date			
This document/form incorporates use of e-signatures in						Office Use Only				
accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.		Job Code Eligibility Verified (Employee ID)	Audited By (Employee ID)	Date		ployee ID)	Date			

DISTRIBUTION: Original - EMACS-HR (0030)