

**PROVINCE OF PRINCE EDWARD ISLAND**  
**GOVERNMENT POOLED VEHICLE ACKNOWLEDGEMENT**

<b>DEPT/AGENCY:</b>	<b>NAME OF EMPLOYEE:</b>
<b>DIVISION/SECTION:</b>	<b>WORKING TITLE:</b>

**ACKNOWLEDGEMENT BY EMPLOYEE** of rights and responsibilities concerning the operation and control of Government Pooled Vehicles:

- I acknowledge and accept responsibility as principal driver/caretaker of the government owned or leased vehicle(s) described below or replacement vehicle(s) from the date entered below until I return it to my supervisor/vehicle manager or other authorized provincial official.

<b>YEAR</b>	<b>MAKE/MODEL</b>	<b>COLOR</b>	<b>SERIAL #</b>	<b>LICENSE #</b>	<b>VEHICLE ID #</b>

- I acknowledge that I will be responsible for the proper care, maintenance, custody and operation of the vehicle, in accordance with government vehicle and travel policies and related departmental instructions.
- I acknowledge that the vehicle must be available for use by other employees who reserve its use in advance and I agree to have the vehicle returned to the designated location prior to the time it has been booked out to another driver.
- I will keep the vehicle clean and tidy while it is in my control. I will immediately report to my supervisor/vehicle manager any abuse to, or neglect of the vehicle.
- I agree that I will complete, maintain and submit the monthly Vehicle Log Report detailing the use of the vehicle by myself and other authorized employees.
- I will maintain in a up-to-date manner the monthly vehicle log report for the travel costs incurred at all times while the vehicle is under my care and control and submit this report prior to the end of the following month.

7. I will allow only authorized employees to operate the vehicle, except in emergency or exceptional situations, and will ensure such authorized persons are informed of government vehicle and travel policies and related departmental instructions. I will ensure authorized employees are aware they are not to permit unauthorized use of the vehicle.
8. I will report all accidents involving the vehicle or damage to the vehicle from any cause to my supervisor/vehicle manager as soon as possible after the accident and will complete and submit an official Accident/Loss Claim Report Form (Attachment 18.08-I) within forty-eight hours of the accident. I will also report accidents to the police as required by the laws of the jurisdiction in which the accident occurred and will conduct myself in a prudent manner so as to limit the Province's liability.
9. I understand that the Province will not accept any liability for claims arising from the **unauthorized use** of government vehicles except in emergency or exceptional situations as per paragraph 7.
10. I acknowledge that my use of the vehicle is under the direction of my supervisor/fleet coordinator and I will make the vehicle available to them on request for general inspection as to my care and maintenance, or for purposes of mileage verification.
11. I will report any difficulties or unusual circumstances concerning the use and care of the vehicle to my supervisor/fleet coordinator as soon as possible.
12. I will obtain the written authorization of the Minister or their delegated officer before taking the vehicle out of the province.
13. I acknowledge the vehicle is for government use **ONLY** and is not to be used for personal reasons.

Date: \_\_\_\_\_ Signature of Employee: \_\_\_\_\_

Departmental Fleet Coordinator: \_\_\_\_\_