|  |  |
| --- | --- |
| Department: |  |
| Staff Member/Employee: |  |

Duration (how long will the car be away) (days)

Date and time required

Date and time due to return:

Vehicle Required because:

I understand that in the event of vehicle damage while I am using the Kyeema vehicle for temporary private use, I will be responsible for the insurance excess.

Signature of employee: …………………………………………………………………………………………..

I, approve / do not approve the use of the above vehicle for private use.

Managers Signature:…………………………………………………………………………………………………

Date:

**THIS FORM MUST BE COMPLETED BEFORE USE OF VEHICLE AND PLACED IN VEHICLES FOLDER IN ADMIN.**