

**LUZERNE INTERMEDIATE UNIT 18
VEHICLE REQUEST FORM**

Date Requested: _____	Work Order # _____ (Office Use Only)
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EMPLOYEE CONTACT INFORMATION

Name: _____ **Phone:** _____

Department: _____ **Program:** _____

Reason for Request of Access

**Employee
Signature:** _____

For Interoffice use only:

Resolved By: _____

Access Assigned: Y or N

Notes:

Date Received: _____ **Date Completed:** _____

Procedure:

1. Please complete the form fully and submit to Karen Karboski.
2. Reservations will be made on a first come first served basis; unless otherwise stipulated.
3. Upon approval and assignment, a confirmation email will be forwarded.
4. All keys, E-ZPasses and fuel cards must be returned promptly upon trip completion to Karen Karboski.