



**STANISLAUS COUNTY PERSONNEL MANUAL
CERTIFICATION FOR MANAGEMENT CAR ALLOWANCE FORM**

Employee Name _____ Effective Date _____

Employee I.D. # _____ Department _____

The above named manager uses a private vehicle “consistently¹ in the course of County work” and is eligible for the car allowance specified below, plus mileage reimbursement. (Check either “Monthly \$100” or “Monthly \$200”)

Monthly \$100.00 _____ Monthly \$200.00 _____

GUIDELINES FOR CAR ALLOWANCE

1. Department heads shall be responsible for determining eligibility for this benefit and certifying that the employee meets the criteria.
2. The management employee shall have a valid California driver’s license.
3. The management employee shall have adequate liability insurance and in no case less than the minimum requirements of the State’s Financial Responsibility Law.
4. In the event of an accident, any insurance deductible will be paid by the employee.
5. The employee and any passengers shall wear seat belts or restraints.
6. County employees who receive a car allowance are prohibited from checking out a County vehicle or rental vehicle for use within the County. Exceptions would include the use of a special vehicle, such as a van or truck, for transporting passengers or materials.
7. Management employees who receive a car allowance are also eligible to receive mileage reimbursement as governed by the County Travel Policy.
8. Car allowance is to be paid only for the use of automobiles, vans, or pick-up trucks. Motorcycles, bicycles, or motor-driven scooters do not qualify.

I HEREBY CERTIFY that I have read and understand these guidelines.

I HEREBY CERTIFY that the manager listed above qualifies for the category of car allowance as noted. I further certify that the manager has been informed of the car allowance guidelines specified above.

Employee Signature

Department Head Approval