| TITLE: Vehicle Body Re | pairs – PO Notification             | Approved by Auditor Civil Legal Human Resources Fleet Maint County Administrator Purchasing Agent Date Approved 5/11/15 |
|------------------------|-------------------------------------|---|
| Effective Date:        | Commissioner's Court Date Approved: | Page No:  |
| 5/21/15                | 5/21/15                             | 1 of 1  |

### I. PURPOSE

To ensure that information related to required Body repairs of County Vehicles has been fowarded to the Human Resourcee Dept for their review.

### II. SCOPE

this procedure applies to all required Body repairs of County Vehicles

## III. RESPONSIBILITY

all Purchasing Dept. staff

# IV. GENERAL

Whenever a Purchase Order is requested for Body repairs - to a Cameron County Vehicle - the attached "County Vehicles Body Repairs - PO Notification" form must be sent to HR Dept for their review.

# County Vehicles Body Repairs - PO notification

Please return this form (once completed & signed) to the Purchasing Dept.

| De   | partment requesting PO:   |             |                            |                            |     |
|------|---|-------------|----------------------------|----------------------------|-----|
| 1.   | VIN#  | Make        | Model                      | Year                       |     |
| 2.   | Was this vehicle in an accident? YES  | S – NO      | (If no please skip to bott | om of page sign & return). |     |
| 3.   | If yes when, date:  | time:       |                            |                            |     |
| 4.   | Name of the County Employee driving   | g vehicle v | when accident occurred:    |                            |     |
| 5.   | If yes was a Police report filed:   |             | If yes was a               | a copy sent to HR Dept?    |     |
|      | Did you receive and review a copy of  | the Police  | Report?                    |                            |     |
| 6.   | If not why?   |             |                            |                            |     |
| 7.   | Nature / cause of accident (details):   |             |                            |                            |     |
| 8.   | Has your Dept. verified that a Drug & allowed for such?   |             |                            |                            |     |
| 9    | Was the First Report of Injury filed w  | vith H/R E  | Pept. by the required time | ne allowed for such?       |     |
| 10.  | Did you confirm that there was no mi "An employee who misuses a County from its misuse."? Was their misuse. | vehicle sh  | all be liable to the Coun  |                            | 5). |
| 11   | After review of the items listed abov<br>for repairs of this vehicle and paymen                             |             |                            | County Purchase Order      |     |
| Sign | nature of Department Head :   |             |                            | Date:                      |     |
|      |   |             |                            |                            |     |

Once this form is filed out, signed, and returned to the Purchasing Dept., Purchasing must foward (e-mail) a copy to HR Director, Asst. HR Director, HR Administrative Assistant, HR Civil Service Coordinator, Department Head, Fleet Maintenence Director, and Purchasing Agent with a copy of the e-mail attached to the requisition, PO, and this form.