

Cobb County Fleet Management
Fuel Authorization Form

Driver Addition or Deletion Notification

Date: _____

Add Employee: _____ **Delete** Employee: _____ (Enter a X in the box that applies)

Department Name: _____

Department No: _____ Unit No: _____

Employee Name: _____ Employee Kronos Number: _____

Supervisor Name: _____ Title: _____

Supervisor Phone No: _____ Supervisor's Signature: _____

Department will be responsible for all charges incurred for fuel dispensed to operator.

- It is each department's responsibility to notify Fleet Management Department with any and all changes to authorized employees.
- No employee will be added or deleted without written authorization.
- Make sure both forms are completed and signed.
- The employee will be setup or deleted in the Fuel system with 48 hours after receiving the email.
- If you have any questions regarding this process email fleetfuelauthorization@cobbcounty.org.

EMAIL

Fuel Authorization Form and Vehicle/Equipment Fueling Policy Statement to:

Fleetfuelauthorization@cobbcounty.org

Cobb County

Vehicle/Equipment Fueling Policy Statement

This Vehicle/Equipment Fueling Policy has been adopted as an official Cobb County policy and requires strict adherence by all users. Employees who abuse this policy by any method will be subject to discipline, which could include the termination of employment. Individual Cobb County Departments may have additional policies regarding the fueling of vehicles and/or equipment. These additional departmental fueling policies are considered to be secondary to the County policy set forth in this document; however employees must adhere to both policies.

General Policies:

- The use of County fuel for personal use, including vehicles, equipment, fuel containers or tanks is strictly prohibited.
- Employees who drive County vehicles are required to complete a Defensive Driving class every two years.
- Employees who have need of both diesel fuel and gasoline (for maintenance purposes) shall be issued two fuel keys, which are different in color. The employees who are issued two keys shall be held responsible for making sure that the right type of fuel is put into the vehicle or equipment in their charge.
- At no time shall an inmate be allowed to utilize the fueling facilities.
- Oil, fluids, antifreeze, and tire pressure shall be checked by the employee each time a vehicle is fueled.
- Only vehicles authorized by the County shall be allowed in fueling facilities. Personal vehicles are not allowed.
- If replacement fuel keys are required, the cost will be charged to the department requesting the key.
- Supervisor keys (override keys) will be issued to selected personnel if approved by the Department Head or Elected Official.

Fueling of Vehicles:

- Only authorized Cobb County employees may fuel the vehicles that have been assigned to them.
- Fueling keys are assigned to specific vehicles, and may only be used to fill that vehicle.
- It is strictly prohibited for an employee to use their authorization code to fuel another employee's County vehicle.
- Accurate odometer readings will be entered at the time of fueling. Falsified odometer readings will subject the employee to discipline.

Fueling of Equipment, Fuel Containers or Tanks:

- Only authorized Cobb County employees may fuel the equipment, fuel containers, or tanks that have been assigned to them.
- It is strictly prohibited for an employee to use their authorization code to fuel another employee's County equipment, fuel containers or tanks.

Safety Policies:

- The engine must not be left running during the fueling operation.
- Unattended vehicles shall not be left idling at any time (except for emergency public safety vehicles).
- Fuel is to be used for vehicle or equipment operation only; and is not to be used for any other purpose, such as a cleaning solvent.

I have read and fully understand this Cobb County Fueling Policy Statement and I agree to abide by the regulations herein. I further understand that my failure to abide by these regulations and/or to abuse this policy in any way, are grounds for discipline, which may include the termination of my employment.

Date: _____

Employee Kronos No: _____

Employee Name Printed: _____

Employee Signature: _____

Department Number: _____

Unit Number: _____