GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department on Disability Services



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rations Policy

PURPOSE

The purpose of the Department on Disability Services (DDS) policy on vehicle operations and verification of drivers' license policy is to establish a protocol for employees who operate vehicles for District government business.

APPLICABILITY

This policy applies to Department on Disability Services employees who operate the following vehicles for District government business:

- a. Government vehicles
- b. Leased vehicles, including Zipcars
- c. Personal vehicle when authorized.

AUTHORITY

- a. The authority for this policy is established in the Department on Disability Services as set forth in D.C. Law 16-264, the "Department on Disability Services Establishment Act of 2006," effective March 14, 2007 (D.C. Official Code § 7-761.01 *et seq.*);
- b. As set forth in Mayor's Order 2009-160, "Government and Personal Vehicle Operators Accountability Policy" effective September 23, 2009.

4. DEFINITIONS

Fleet Coordinating Official (FCO) –the Support Services Manager is for the purpose of this policy designated has the FCO. The FCO is responsible for maintaining a record of all drivers' license status and reporting this information to DC Office of Risk Management (ORM). The FCO shall also maintain copies of the current vehicle registrations and proof of automobile insurance coverage for all employees authorized to use personal vehicles. The FCO is responsible for maintaining a daily record of the custody of each Agency-controlled government vehicle at all times, miles driven, purpose of the use, physical condition, reported accidents, incidents, citations or summons.

Employee With Written Authorization To Drive A Personal Vehicle – Employees in positions that do not require a drivers' license may request prior written authorization for each business use of their personal vehicle as needed.

Annual Request for Driving Record Form- Authorization to obtain the employee's official driving record from the Department of Motor Vehicles for employees licensed in DC. If the employee's license is from a jurisdiction other than DC, the employee is responsible for providing a copy of his or her driving record. The form also allows employees to self-report any driving offenses that have occurred in the last 12 months.

Leased Vehicle – Zipcar or other leasing program.

ORM – Office of Risk Management.

DMV - Department of Motor Vehicles.

5. POLICY

- a. No employee shall use a government, leased vehicle (Zipcars) or a personal vehicle for District government business without advanced written authorization from the employee's supervisor or manager. For the purpose of this policy use of a vehicle for District government business shall be limited to use that is within the employee's scope of employment. Unless the Agency otherwise expressly provides in writing, an employee is not performing District government business or acting within the scope of his or her employment while driving to and from work. Employees are prohibited from transporting anyone other than District government employees while using government, leased or personal vehicles for the Agency business, unless transporting non-District government employees, such as Agency clients or consumers is part of their job responsibilities and prior written authorization to transport Agency clients or consumers has been provided.
- b. Through the FCO, the Agency shall maintain documentation of employees' use of a personal vehicle for District government business, including the name of the employee, the make, model, license tag number, and year of the vehicle. Additionally, the FCO will maintain copies of current registrations for all authorized personal vehicles, proof of

automobile insurance and proof of compliance with all registration, inspection and other requirements applicable to the jurisdiction in which the vehicle is registered. Employees shall be required to maintain a Vehicle Daily Utilization Form of the use of vehicles for Agency business, which will include the date, time, purpose and miles driven. Employees shall forward their Vehicle Daily Utilization Form to their supervisor for review and approval before forwarding their Vehicle Daily Utilization Form to the FCO by the 5th of each month, for the preceding month record of use, (Attachment 1). The employee will immediately report and no later than close of business of the next scheduled work day, any accidents, incidents, citations or summonses occurring during their use of government, leased or personal vehicles for Agency business. In the event of an accident, the employee is required to complete the Motor Vehicle Accident Report Form, (Attachment 2). This form must be submitted to the FCO no later than close of business of the next scheduled work day, the FCO will provide a copy to ORM.

- c. Employees, who are requesting to use their personal vehicle, must notify their insurance company of the change to their personal automobile liability and advise them of the use of their vehicle for business purposes. The employee must provide the DDS Human Capital Administration (HCA) with a copy of the insurance policy cover statement reflecting the coverage of the vehicle/driver for business purposes.
- d. Each employee who is authorized to operate a vehicle on District government business shall be required to annually execute a Vehicle Operator's Acknowledgement Form, (Attachment 3). By signing this form, the employee commits to operating the vehicle in accordance with District traffic regulations, and to complying with legal requirements for answering, adjudicating and paying tickets.
- e. The Agency shall require each employee who operates a vehicle as listed in section two (2) of this policy to comply fully with the Distracted Driving Safety Act of 2004, effective March 30, 2004 (D.C. Law 15-124; D.C. Official Code § 50-1731.01 et seq.) and DPW Department Order No. 2004-04. Employees are prohibited from driving while distracted, which includes a mobile telephone or other electronic device while operating a moving motor vehicle in the District of Columbia unless the device is equipped with a hands-free accessory.
- f. Employees who are required to operate a vehicle while conducting District business must maintain a valid driver's license and to have this license in his or her possession while on duty and operating the vehicle.
- g. Employees who operate a government or leased vehicle shall be required to bring their original driver's license to Human Capital Administration (HCA) annually for verification. Employees who are authorized to drive a personal vehicle are required to present all original documents cited in this policy to HCA annually. The records will be maintained in HCA.

- h. Employees are required to notify the Agency FCO of any change in his or her driver's license status immediately and no later than close of business of the next scheduled work day. Failure by an employee to timely report a change in driver's license status may result in disciplinary or administrative action. A change in driver license status includes but is not limited to revocation, suspension or restriction.
- i. All information provided by the employees will be maintained in HCA, but will be available to the FCO and the FCO will provide copies of these documents to ORM.
- j. In the event that an employee's driver's license is revoked, suspended or restricted, the employee must advise their supervisor as well as the FCO. Employees who are authorized to drive for Agency business shall have their authorization revoked pending reinstatement of their driver's license. An employee who fails to maintain his or her license when it is required of his or her position may be subject to reassignment and/or disciplinary action and including termination of employment.

6. RESPONSIBILITY

The responsibility for implementation of this policy is vested with the Director of the Department on Disability Services.

7. PROCEDURES

- a. All employees who operate a government or leased vehicle must submit the following forms annually:
 - 1. Vehicle Operator's Acknowledgement Form,
 - 2. Original and a copy of Driver's License (original to be returned),
 - 3. Annual Request for Driving Record Form, if licensed in DC, (Attachment 4). If licensed in another jurisdiction the employee must provide a copy of their driving record at their own expense.
- b. Employees who may be considered for prior written authorization to operate their personal vehicle must submit the following documentations:
 - 1. Vehicle Operator's Acknowledgement Form,
 - 2. **Original** and a copy of Driver's License (original will be returned),
 - 3. Annual Request for Driving Record Form, if licensed in DC. If licensed in another jurisdiction, the employee must provide a copy of their driving record at their own expense,
 - 4. Automobile insurance (showing coverage for business use),
 - 5. Vehicle Registration,
 - 6. Inspection (may vary depending on jurisdiction).

- c. All completed forms to DDS Human Capital Administration, for verification on or before March 1st of each year.
- d. Supervisors must ensure employees have registered their drivers' license information with HCA before granting any prior written approval.
- e. Supervisors are responsible for determining if personal vehicle use is necessary including a determination of the accessibility of the location for public transportation, the availability of a leased vehicle and if neither exists, may authorize the use of a personal vehicle. Supervisor must retain a copy of the written approval.
- Employees can not operate a personal vehicle for government business if they are not up to date with their filing of the requested information.
- g. Prior authorization can be revoked at any time by the Agency if the employee's driver's license or vehicle status changes. Employees must update automobile insurance and registration information immediately upon changes but at least by the close of the next business day.

Judith E. Heumann, Director

Attachment 1.

Vehicle Daily Utilization Form Attachment 2. DC Motor Vehicle Accident Report Form

Attachment 3. DC Vehicle Operator's Acknowledgement Form

Attachment 4. DDS Annual Request for Driving Record and Self Reporting Form

GOVERNMENT OF THE DISTRICT OF COLUMBIA VEHICLE OPERATOR'S ACKNOWLEDGEMENT FORM

Employee Name:	
Driver's License #:	*
Agency:	Department on Disability Services
Telephone Number:	
Email Address:	

I. Operation of a vehicle for government business

- A. Performance of my duties on behalf of the Government of the District of Columbia requires my operating a government or authorized vehicle on government business. I acknowledge that it is my responsibility to operate any government or authorized vehicle in a safe manner and in full compliance with the law. This includes regular use of seat belts, strict adherence to speed limits, traffic lights and signs, compliance with parking restrictions, and strict adherence to prohibitions and requirements for the prevention of distracted driving.
- B. I understand and agree that I am solely responsible for any notices of infraction received as a result of operating, or having custody of, a vehicle on District government business, including parking tickets, red-light camera tickets, and speeding tickets. I agree to answer any such notices of infraction within thirty (30) days of receipt. I agree to report any notices of infraction received as a result of operating, or having custody of, a vehicle on District government business, as well as any vehicular accidents to my designated supervisor or manager immediately. I agree to complete and submit the Motor Vehicle Accident Report Form to my designated supervisor or manager within forty-eight (48) hours of a vehicular accident.
- C. I agree to maintain a valid driver's license sufficient to permit me to operate a vehicle lawfully on District government business. I agree to provide a copy of my driver's license to my designated supervisor or manager annually and otherwise at my agency's request. I further agree to notify my designated supervisor or manager of any change in the status of my driver's license by my next scheduled work day. If my driver's license was issues by a jurisdiction other than the District of Columbia, I agree to obtain verification of the status of my driver's license and my driving record form the issuing jurisdiction at my agency's request.
- D. I understand and agree that I may not transport non-District government employees in a government or privately owned vehicle while on District government business unless such transportation is permitted by agency policy ad I have been expressly authorized in writing to do so by my agency. I further understand and agree t hat, unless my agency expressly provides otherwise in writing, driving to or from work is neither District government business nor within the scope of my employment.

II. Use of privately owned vehicles by District employees:

- A. I understand and agree that I may use a privately owned vehicle for District government business, within the scope of my employment, only at the discretion of and with the approval of my designated supervisor or manager. I understand that I may request a mileage allowance at the rate established under applicable law and regulations for the expenses associated with authorized use of a privately owned vehicle for District government business. I understand and agree that if I am involved in an accident while acting within the scope of my employment in the course of my official duties, my liability for personal injury and property damage to third parties will be governed by the District of Columbia Employee Non-Liability Act, approved July 14, 1960 (74 Stat. 519; D.C. Official Code § 2-411 et seq.). I further understand and agree that if I am injured while carrying out District government business, I am limited to making a claim under the Government Comprehensive merit Personnel Act, effective March 3, 1979 (D.C. Law 2-139; D.C. Official Code § 1-623.01 et seq.). I understand and agree that the District's liability for property damage to my personal vehicle sustained incident to its authorized use for District government business shall be limited to any settlement the District may make of a claim made under the military personnel and Civilian Employees Claim ct of 1964 (Act), approved August 31, 1964 (78 Stat. 767; 31 U.S.C. § 3721). I understand and agree that the District may, in its discretion, settle such a claim in accordance with the Act and any applicable rules, for an amount that does not exceed \$10,000. I understand and agree that I will not receive compensation for property damage to my personal vehicle resulting from my own negligent or wrongful conduct.
- B. I agree that, if I am authorized to use a privately owned vehicle for government business, I shall identify and use only one vehicle for this purpose. I agree to maintain insurance coverage for this vehicle and for any non-District government employee I am authorized to transport and to report business use of this vehicle to the insurance carrier. I further agree to comply with all applicable registration on, inspection and other requirements for the vehicle and to provide proof of compliance with these requirements, and of insurance coverage, to my designated supervisor or manager annually and otherwise at my agency's request. I agree to notify my designated supervisor or manager of any change in the status of automobile insurance coverage or other requirements within three (3) business days of receipt of notice of such change.

I understand that failure to comply with the requirements stated in this notice may result in disciplinary or administrative action against me, up to and including termination of employment.

Employee Signature	Date

DEPARTMENT ON DISABILITY SERVICES ANNUAL REQUEST FOR DRIVING RECORD AND SELF- REPORTING FORM

ALL DDS EMPLOYEES WHO OPERATE A VECHILE FOR DISTRICT GOVERNMENT BUSINESS MUST COMPLETE SECTIONS A&B.

Section A		ETED BY ALL DDS EMPLO ERNMENT BUSINESS	DYEES WHO OPERATE VECHILES FOR	
Employee Name:				
	(Last)	(First)	(Middle)	
Section B	TO BE COMPI	ETED DV ALL DDS EMBLO	OYEES WHO OPERATE VECHILES FOR	
Section B		PERNMENT BUSINESS	TIES WHO OFERATE VECHILES FOR	
			approval from my supervisor for each lhere to the DDS Vehicle Operations	
Driver's Lice	ense No.:		mercal and the second	
Please circle	jurisdiction issuin	g license: DC MD V	A Other	
Date of Birth	•			
Date of Birth		Day/Year)		
For DC licen	sed Drivers:			
driving recor	d for the past twel	ve (12) months to the Distr	otor Vehicles to forward a copy of my ict of Columbia, Department on 15 th Street, NW, Washington DC	
(Emp	loyee's Signature	e)	(Date)	
Employees license record to the HCA		er than DC are responsible for obtain	ing and providing an official copy of their driving	
above will be		ne employee has a valid driver	eby certify that the information requested 's license and that the information received	
		Human Caj	pital Administrator, DDS Date	

DEPARTMENT ON DISABILITY SERVICES

RECORD OF VIOLATIONS

Once every 12 months, your are responsible for reporting any violations of traffic laws and ordinances for which you were convicted or paid a fine in the past 12 months.

If you have no violations, you must still submit the response stating you don't have any violations.

Employee Name:		
(Last)	(First)	(Middle)
DRIVER'S CERTIFICATION		
7		affic violations (other then parking collateral during the past 12 months.
DATE OF CONVICTION		OFFENSES
LOCATION	TYPE OF MO	OTOR VEHICLE OPERATED
	_	
	-	
If no violations are listed ab collateral on account of any violati		been convicted or forfeited bond or g the past 12 months.
20		
(EMPLOYEE' SIGNATURE)	(DATE OF	CERTIFICATION)
(FCO SIGNATURE)	REVIEWE	D DATE)