**The Commonwealth of Massachusetts**

**Operational Services Division**

**Office of Vehicle Management**

**OVERNIGHT TRAVEL**

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| **Driver Responsible for Vehicle (First and Last Name):** |       |
| **Driver Type (Check One):** | [ ] Regular Employee [ ] Contracted Employee[ ] Contractor [ ] Seasonal Employee | **Driver’s License Number:** |       |
| **Agency:**  |       | **Org Code:** |       |
| **Email:** |       | **Phone:** |       |

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| --- | --- | --- | --- |
| **Check One****State/Rental:**  | [ ]  State Vehicle, if checked provide State License Plate No.: |       | [ ]  Rental Vehicle |
| **Travel Destination:** |       |
| **Dates of Travel:**  |       |

**Justification for Overnight Use:**

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| *If typing in Word, this text box will expand (please attach additional documentation if necessary*).        |

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| --- | --- |
| **The vehicle will be parked during off-duty periods at the Following Location****(address, city, state):** |       |
| **Check one:** | **[ ]  Garage** **[ ]  Driveway** **[ ]  Street** |

**☐** By signing below I hereby certify that I have read and agree to abide by the*OVM Policies & Procedures Manual***.**

**Driver**

**Signature: Date:**

 **☐** By signing below I hereby certify that use of this vehicle outside of normal business hours is required for official state business.

**Agency Head**

**Signature: Date:**

**☐** By signing below I hereby certify that the driver of this vehicle has been provided with a copy of the *OVM Policies & Procedures Manual*, that the driver possesses a valid driver’s license and that the individual complies with OVM’s Safe Driver Program.

**Agency Fleet Manager**

**Signature Date:**

**The original Overnight Travel form must be kept on file with the Agency Fleet Manager. In addition, a copy of the approved form must be sent to the Office of Vehicle Management, and a copy must be kept in the vehicle at all times.**

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| **FOR OVM USE ONLY** OVM Fleet Director: Date Received:  |

**OVERNIGHT TRAVEL – Revised 11/2022**

***From OVM Polices & Procedures Manual***:

**Overnight Travel**

1. An Employee may be permitted to drive a State Vehicle home on a given day if the employee is conducting **official state business before and/or after Normal Business Hours\*.**
2. **Short-Term Rentals:** An Employee may be permitted to drive a Vehicle rented for State business home on a given day if the employee is conducting **official state business before and/or after Normal Business Hours\*.**
3. If a State vehicle has been assigned to a Department and an employee will be using the vehicle for Overnight Travel where it will be housed away from a State facility or the employee’s residence then, the operator must fill out an **OVM-10** Form and have prior approval of the Department Head. The approved form must be initialed and held by the Department Fleet Manager and a copy must be kept with the vehicle during the relevant time period. In addition, a copy shall be forwarded onto OVM for the Fleet Administrator’s file.
4. Any Employee found using a vehicle outside of normal business hours without the proper authorization as specified in this section will automatically lose his/her privilege to drive a State vehicle for not less than three months. In addition, if the vehicle has been assigned to a Department, the vehicle will be permanently returned to OVM and the Department will not be issued a replacement vehicle.
5. OVM will randomly audit vehicles to determine if employees have the proper authorization to use a vehicle after Normal Business Hours.

**Instructions: Complete the form in its entirety.**

**Driver Responsible for Vehicle** – Provide the first and last name of employee that will be responsible for the vehicle

**Driver Type:** Check the box which best describes theDriver identified above:

Regular Employee

Contractor

Contracted Employee

Seasonal Employee

**Driver’s License Number:** Provide the Driver’s license number of the driver responsible for the vehicle.

**Agency:**  Provide the complete name of the Agency to which the vehicle is assigned.

**Org Code:** Provide the Organizational Code for the Agency.

**Email:** Provide the Email address of the driver of the vehicle.

**Telephone:** Provide phone number (including area code) of the driver of the vehicle.

**Check One box** for **Either A State Vehicle** or a **Rental Vehicle**

**If State Vehicle is checked:** provide the State Vehicle License Plate No. issued bythe Registry of Motor Vehicles and assigned to the vehicle.

**Travel Destination:** Provide the street address city and state for the destination which the vehicle will be traveling to.

**Dates of Travel:** Provide the month date and year (m/d/y) for the dates that the vehicle will require the Overnight Travel Authorization.

**Justification for Overnight Use:** Provide avalidation for the need to utilize a state vehicle for overnight travel.

**The vehicle will be parked during off-duty periods at the Following Location (address, city, state):** Provide the complete address including street and city where vehicle will parked when not in use.

**Check one:** check one Garage, Driveway or Street for item which best describes the location where the vehicle will be parked during off duty periods.

**Provide Signatures and dates as listed for:**

**Driver:** Identified as Driver Responsible for Vehicle above. Must check off box indicating he/she has read and agrees to abide by the*OVM Policies and Procedures Manual.*

**Agency Head:** Must check off box certifying that use of this vehicle outside of normal business hours\* is required for official state business.

**Agency Fleet Manager:** Must check off box to certify that the driver of the vehicle has been provided with a copy of the *OVM Policies and Procedures Manual*, possess a valid driver’s license and that the individual complies with OVM’s Safe Driver Program.

**Check** the box to affirm that the Agency will file the proper documentation in accordance per the OVM Policies and Procedures, original signed OVM-10 at the agency, copies sent to OVM and kept with the vehicle during the dates of travel.

Return completed form to the Office of Vehicle Management via email to Vincent.Micozzi@mass.gov. OVM will accept the signed form in Word or via Adobe pdf format.

**\*Normal Business Hours are defined as** Monday through Friday from 7:00 a.m. to 5:00 p.m. EST, excluding Commonwealth holidays.