



Pat Quinn, Governor

Illinois Department of Human Services

Michelle R.B. Saddler, Secretary

100 South Grand Avenue, East • Springfield, Illinois 62762
401 South Clinton Street • Chicago, Illinois 60607

TO: Assigned Driver
FROM: Fleet Administrator
Business Services
SUBJECT: Vehicle Forms/Reports/Important Information

The following information pertains to those employees who have been assigned a State vehicle for their exclusive use.

The State of Illinois Liability Plan does not provide coverage to employees when a State vehicle is driven out of the course of employment, even if it is an assigned vehicle. Therefore, House Bill 1388 requires State employees driving assigned State vehicles to certify they have purchased liability insurance coverage extending to the employee. This certification must be done annually and will cover the period of the current Fiscal Year.

Enclosed is a copy of the Travel Guide for State of Illinois Employees, Annual Insurance Certification form, Vehicle Authorization form, Assigned Vehicle Quarterly Report and Monthly Mileage and Vehicle Cost Report all to be completed by the driver and returned to the Fleet Administrator. Also included in this packet are copies of Administrative Directives that are relative to driving an assigned State vehicle. Please read the Directives, forms and reports and make yourself familiar with Central Management Services and the Department of Human Services' policies.

If you need additional clarification or have questions, please do not hesitate to contact the Fleet Administrator at 782-6471.

State of Illinois
Department of Humans Services
OFFICE OF BUSINESS SERVICES
FLEET ADMINISTRATION INDIVIDUALLY ASSIGNED VEHICLE
AUTHORIZATION (IAV)

In accordance with the Administrative Directives, the CMS Rules, 44 Illinois Administrative Code – Part 5040.340 and state fleet policy, I am in receipt of the following State vehicle.

Employee Name: _____ Date Assigned: _____

Home Address: _____

Work Headquarters Address: _____

Vehicle Equipment Number: _____ Vehicle License Number: _____

What is the work reason/justification for this assignment: check what applies below (can check more than one box)?

- a) The vehicle is specially equipped to perform law enforcement services and the law enforcement employee is on call 24 hours a day.
- b) The employee's work assignment requires traveling to numerous locations over a considerable territory with infrequent stops at employee headquarters as defined in the regulations concerning State employee travel.
- c) When the employee is a state official confirmed by the State Senate. (Please note: per Governor's Office fleet policy noted above, in the case of assignment to agency heads under the Governor, policy indicates additional **work use** justification is also needed as a basis for assignment to be authorized.)
- d) When the employee is regularly subject to special or emergency calls from his/her residence during non-duty hours.
- e) Vehicle usage will be in accordance with the provisions of Section 5040.270(b) of this part.
- f) Other not noted above: _____

I have provided the Vehicle Coordinator with a copy of my current driver's license and personal auto insurance verification (copy of current insurance card).

I understand that I must complete and submit the following forms:

- 1) Monthly Mileage and Vehicle Cost Report (attach all gas/oil/etc. receipts)
- 2) Quarterly Report of Commuting

The monthly report should be submitted to the Vehicle Coordinator no later than the 5th of the following month.

The quarterly report should be submitted to Central Payroll (copy to Vehicle Coordinator) no later than the 15th of the month following the last month of the quarter.

This certifies the employee assigned this IAV has received and been required to review the Travel Guide For State of Illinois Employees, Insurance Certification form, Assigned Vehicle Quarterly Reporting of Commuting form, Monthly Mileage and Vehicle Cost Report, and the Administrative Directives 01.05.05.030, 01.05.05.050, 01.05.05.060, 01.05.05.707, 01.05.05.080.

Authorized Driver: _____ Date: _____

Vehicle Coordinator: _____ Date: _____

Agency Chief Financial Officer Signature: _____ Date: _____

Agency Head Approval Signature: _____ Date: _____

cc: Bureau of Central Payroll
Assignee

State of Illinois

Department of Human Services

INSURANCE CERTIFICATION

Assigned Motor Vehicle

In accordance with the Illinois Vehicle Code, as amended by changing section 7-601, requiring every employee of a State Agency, as that term is defined in the Illinois State Auditing Act, who is assigned a specific vehicle owned or leased by the State on an ongoing basis, shall provide this certification of insurance affirming the employee has liability insurance coverage extending to the employee when the vehicle is used for other than official State business.

The below signature of the employee certifies and affirms, a policy of liability is in effect for the duration of the vehicle assignment or a time period of July 01 through June 30 of each calendar year or within 30 days of any new assignment of a vehicle, on an ongoing basis, whichever is later.

Assignee: _____

Social Security Number: _____

Illinois Drivers License Number: _____ Expiration Date: _____

Assigned Vehicle:

Year: _____ Make: _____ Model: _____

Vehicle Identification Number (VIN): _____

Vehicle License Number: _____

I understand that in order to operate my assigned Department vehicle, I must have liability/property damage insurance of at least \$20,000 single/\$40,000 multiple liability and \$15,000 property damage. I hereby certify that I do carry the minimum amounts of insurance required by the State of Illinois as defined by the Motor Vehicle Code on the above indicated motor vehicle. I further state that I am a duly licensed driver in the State of Illinois.

This is to certify the above information is true and correct as of this date and any changes will be immediately reported to the Office of Business Services in Springfield.

Employee Signature: _____ Date: _____



State of Illinois
Department of Human Services

Vehicle Cost Report

Name: _____

Report Date: _____ Report Month, as applicable: _____ YR: _____

Vehicle #: _____ License #: _____ Date(s) of Use, as applicable: _____

Year and Make: _____ Start Mileage: _____ Ending Mileage: _____

Location: _____ Total Miles: _____

Assigned: Motor Pool Individual Bureau Vehicle

Summary of Charges		
Item	Quantity	Total
Gasoline (Gal)		
Oil (Qts)		
Oil Change		
Battery		
Tires		
Repairs (Explain Below)		
Total		

Is there anything wrong with the vehicle?

Signed: _____

Work Address: _____

Telephone: _____

Monthly Mileage and Commuting Log

Year: 2011

Month:

Driver Name:

Equipment #:

Plate #:

Division:

Beginning Mileage:

End Mileage:

Total Miles: 0

Miles Per Commute:

Date	Destination	Begin Mileage	End Mileage	Commute Trips	Total Miles	Commute Miles	% Commute
/1/2011					0	0	
/2/2011					0	0	
/3/2011					0	0	
/4/2011					0	0	
/5/2011					0	0	
/6/2011					0	0	
/7/2011					0	0	
/8/2011					0	0	
/9/2011					0	0	
/10/2011					0	0	
/11/2011					0	0	
/12/2011					0	0	
/13/2011					0	0	
/14/2011					0	0	
/15/2011					0	0	
/16/2011					0	0	
/17/2011					0	0	
/18/2011					0	0	
/19/2011					0	0	
/20/2011					0	0	
/21/2011					0	0	
/22/2011					0	0	
/23/2011					0	0	
/24/2011					0	0	
/25/2011					0	0	
/26/2011					0	0	
/27/2011					0	0	
/28/2011					0	0	
/29/2011					0	0	
/30/2011					0	0	
/31/2011					0	0	
Totals:				0	0	0	

Please Read the following: I certify that the information contained on the Vehicle Log is correct and all miles driven for this reporting period were done conducting official State of Illinois business. I certify that I hold a valid driver's license and vehicle liability insurance in at least the minimum amounts as required by law. I have read and understand the responsibilities of the Vehicle Policy and this form. **Save and e-mail your completed form to:**

matthew.king@illinois.gov or jeannie.courtney@illinois.gov

Signature: _____



QUARTERLY REPORTING OF COMMUTING

To be completed by employee assigned a state vehicle.

Quarter:

- 1st Quarter January 1st. through March 31st., _____
- 2nd Quarter April 1st. through June 30th., _____
- 3rd Quarter July 1st. through September 30th., _____
- 4th Quarter October 1st. through December 31st., _____

Employee Name: _____ Social Security Number: _____

Work Address: _____ Work Telephone Number: _____

Division: _____ Section: _____ Unit: _____

Number of days in this quarter a personally-assigned State-owned vehicle was used for commuting purposes: _____

Employee Signature: _____ Date: _____

Form must be submitted to the Bureau of Payroll Services 822 S. College, Springfield, IL. 62704 within 15 calendar days from the end of the quarter.

PAYROLL USE:

_____ X \$3.00 = _____

Pay period posted _____ Pay period removed _____

01.05.05.030 Reporting Motor Vehicle Accidents, Breakdowns and Emergencies

Number	01.05.05.030
Effective	09/01/00
Revised	09/15/05, 02/15/07; 02/14/11
Section	Business Services
Subsection	Fleet Management
Subject	Reporting Motor Vehicle Accidents, Breakdowns and Emergencies
Reference	Administrative Directives 01.05.05.040, DHS Motor Pool Vehicles; 01.05.05.020, Rental Cars

Policy Statement

It is the policy of the Department of Human Services (DHS) that employees involved in motor vehicle accidents are required to file appropriate forms/reports and follow other prescribed procedures established by the Department of Central Management Services (CMS) and DHS.

Procedures

I. Insurance Coverage

- A. DHS employees operating State-owned or leased motor vehicles in the course of their employment are provided liability insurance coverage under the State of Illinois Self Insured Motor Vehicle Plan, which is administered by the CMS Division of Risk Management. Privately-owned vehicles operated in the course of employment are provided excess coverage over the mandatory minimum amount of coverage required by law, or the amount of the policy in force for the vehicle at the time of the accident, if that amount is greater than the mandatory minimum required by law.
- B. As a condition of coverage, employees involved in a motor vehicle accident are required to have a legible written report of the accident in the CMS Division of Risk Management no later than seven (7) calendar days following the accident. Failure to comply with this important condition in the plan may result in forfeiture of insurance coverage to the employee. This is not to be confused with the requirement to mail a copy of the Illinois Motorist Report form (SR-1) to the Illinois Department of Transportation, which is a separate requirement. In order to ensure that DHS employees fulfill the requirements for automobile liability insurance coverage to be in effect, specific procedures must be followed when an employee is involved in a motor vehicle accident of any type.

II. Types of Reports

- A. Police-issued Illinois Motorist Report Form (SR-1)
 1. When an accident occurs, the police must be called to the scene and an Illinois Motorist Report form (SR-1) accident report completed by the police. The Illinois Motorist Report form (SR-1) will be made available at local police headquarters on the following business day. It is the responsibility of the employee to obtain a copy of the Illinois Motorist Report form (SR-1).
 2. Failure to call the police may leave the employee personally liable for damage claims. In instances where the police are not available to report to the scene of the accident, i.e., numerous storm related fender benders, etc., the employee must still make the effort to contact the police.
- B. Employee Completed Illinois Motorist Report Form (SR-1)
 1. When the police are not available to come to the scene of the accident, the

employee must complete an Illinois Motorist Report form (SR-1). The employee must obtain an Illinois Motorist Report form (SR-1) prior to using a state, leased or personally-owned vehicle. The Illinois Motorist Report form (SR-1) can be found in the glove box of each State-issued vehicle. A supply of the Illinois Motorist Report form (SR-1) can also be ordered from the DHS Fleet Coordinator.

The address is:

DHS Fleet Coordinator
5020 B Industrial Drive
Springfield, IL 62703
Telephone: (217) 782-6471
Fax: (217) 786-7692
TTY Relay: (800) 526-0844

2. The employee must prepare an accident narrative to accompany the Illinois Motorist Report form (SR-1). The narrative must include a description of the accident, the employee's home phone number and social security number.

III. **Submission of Reports**

- A. It is the responsibility of the employee to ensure that the police accident report, motorist information sheet, the Illinois Motorist Report form (SR-1) and accident narrative, be **HAND DELIVERED** or sent by **OVERNIGHT EXPRESS** to the DHS Fleet Coordinator, 5020 B Industrial Drive, Springfield, Illinois 62703, within twenty-four (24) hours after the accident. If an accident occurs on the date before a state or federal holiday or weekend, the appropriate information should be hand delivered or sent by overnight express to the Office of Business Services on the next business day. The envelope must be marked "URGENT- SR-1 Enclosed." Failure to report the accident to the Office of Business Services within twenty-four (24) hours could result in the suspension of the use of a state-sponsored vehicle for three (3) months.
- B. If the driver is dead or disabled by the accident, the driver's supervisor must file the accident report.
- C. The DHS Fleet Coordinator will process any additional paperwork and file the appropriate forms with the CMS Division of Risk Management.
- D. The employee must mail a photocopy of the Illinois Motorist Report form (SR-1) and the accident narrative within seven (7) calendar days after the accident to:
Illinois Department of Transportation
Accident Records Section
3215 Executive Park Drive
Springfield, IL 62766-0001

IV. **Excess Coverage**

- A. The coverage provided by the State's Self Insured Motor Vehicle Plan on personally-owned vehicles is excess insurance only. The employee's private insurance carrier is the primary insurance. However, in order to qualify for consideration for the excess coverage, the accident report(s) **MUST** be filed with CMS Division of Risk Management within the seven (7) calendar day time frame. Failure to report an accident to the CMS Division of Risk Management through the DHS Travel Coordinator could leave the employee totally and solely financially liable for all damages incurred.
- B. Employees who use a personally-owned vehicle on State business must have an Insurance Verification Card form (IL444-4042) on file with the DHS Fleet Coordinator, 5020 B Industrial Drive, Springfield, Illinois 62703, (217) 782-6471 phone, (217) 786-7692 fax.

V. **Vehicle Emergencies and Breakdowns**

- A. In the case of a vehicle breakdown or emergency during business hours (7:30 a.m. - 4:00 p.m.), the employee should contact the CMS Division of Vehicles at 217/782-2536 ext. 227. CMS Division of Vehicles will instruct the employee on the proper procedures to

follow. The employee should use the most cost-effective means of transportation to continue his or her trip or return home.

- B. In the case of a vehicle breakdown or emergency after hours, the employee should call the emergency "800" number on the blue and white CMS credit card, 1-800-782-7860. CMS Division of Vehicles will instruct the employee on the proper procedures to follow. The employee should use the most cost-effective means of transportation to continue his or her trip or return home. If transportation cannot be arranged until the following day, the employee should seek local accommodations.
- C. If the employee is using his or her personal vehicle, he or she will have to make arrangements for the vehicle on his or her own, but may use the most cost-effective means of transportation to continue on the trip or return home.
Note: DHS will reimburse the employee for all costs associated with the trip, with the exception of costs for towing or repairs to personal vehicles.

Authorized by: *(Signature on File)*

Michelle R.B. Saddler

Secretary

01.05.05.050 Insurance Coverage on Assigned Vehicles

Number	01.05.05.050
Effective	04/01/01
Revised	10/15/06
Section	Business Services
Subsection	Fleet Management
Subject	Insurance Coverage on Assigned Vehicles
Authority	Illinois Vehicle Code [625 ILCS 5/7-601]
Reference	Administrative Directive: 01.05.05.030, Reporting Motor Vehicle Accidents

Policy Statement

Department of Human Services (DHS) employees who are assigned a specific vehicle owned or leased by the State on an ongoing basis, shall file an Extended Insurance Verification certificate annually with the DHS Vehicle Coordinator, Office of Business Services.

Procedures

I. Extended Insurance Verification

- A. Employees assigned a State-owned vehicle, and authorized to use the vehicle at all times must file an Extended Insurance Verification certificate with the Vehicle Coordinator.
- B. The Extended Insurance Verification certificate shall affirm that the employee:
 1. Is duly licensed to drive the assigned vehicle;
 2. The employee has liability insurance coverage extending to the employee when the assigned vehicle is used for other than official State business; or
 3. The employee has filed a bond with the Secretary of State (SOS) as proof of financial responsibility.
- C. The verification certificate or bond must be filed annually with the DHS Vehicle Coordinator or within 30 days after any new vehicle assignment on an ongoing basis.

II. Employee Authorization

- A. The employee's authorization to use the assigned vehicle shall automatically be rescinded upon:
 1. The revocation or suspension of the license required to drive the assigned vehicle;
 2. The cancellation or termination for any reason of the automobile liability insurance coverage; and/or
 3. The termination of the bond filed with the SOS.
- B. The employee shall immediately notify the DHS Vehicle Coordinator in the event any of the above actions occur.

III. Reporting an Accident

If the employee has an accident while using the assigned vehicle, the employee should follow the directions in the Illinois Motorist Packet (SR-1).

Authorized by: *(Signature on File)*

Carol L. Adams, Ph.D.
Secretary

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01.05.05.060 Possession and Consumption of Alcohol or Illegal Drugs in State Vehicles, or in Personally-owned Vehicles Being Used on State Business

Number	01.05.05.060
Effective	03/15/02
Section	Business Services
Subsection	Fleet Management
Subject	Possession and Consumption of Alcohol or Illegal Drugs in State Vehicles, or in Personally-owned Vehicles Being Used on State Business
Authority	Illinois Vehicle Code [625 ILCS 5]
Reference	Administrative Directive 01.02.01.020, Drug Testing for Holders of Commercial Driver's Licenses (CDLs); Executive Order Number 3 (1999) - Amendment To Executive Order 4 (1992) on Possession and Consumption of Alcohol or Drugs in State Vehicles or in Private Vehicles Being Used at State Expense.

Policy Statement

The use of illegal drugs and alcoholic beverages, by Department of Human Services (DHS) employees while operating a State-owned, State-leased, or personal vehicle at State expense poses a significant danger to the health and safety of the employee, staff members, clients/customers, and the public.

Procedures

I. Possession/Consumption

The possession or consumption of alcoholic beverages and/or illegal drugs, while operating a State-owned, State-leased, or personal vehicle at State expense is prohibited. Any employee who possesses or consumes alcohol and/or illegal drugs, while operating a State-owned, State-leased, or personal vehicle at State expense, shall be subject to discipline, up to and including discharge.

II. Operating Under the Influence

Operating a State-owned, State-leased, or personal vehicle at State expense while one's operating abilities are impaired by the use of alcohol, other drugs, illegal drugs, or a combination thereof, is prohibited. Any employee who violates this prohibition shall be subject to discipline, up to and including discharge.

III. Conviction

Any employee convicted of a violation of Section 11-501 of the Illinois Vehicle Code [625 ILCS 5/11-501], or a violation of a similar statute or ordinance of another governmental entity for operating a vehicle under the influence of alcohol or illegal drugs, or both, shall be discharged from employment if the violation occurred while operating a State-owned, State-leased, or personal vehicle at State expense.

IV. Testing

Any employee who takes a test that discloses either that the alcohol concentration in the employee's blood or breath was 0.08 or greater, or that the employee had used illegal drugs, shall be subject to discipline, up to and including suspension from employment without benefits pending a hearing or discharge from employment, if the test was administered at the direction of a law enforcement officer as a result of an arrest arising out of the employee's operation of a State-owned, State-leased, or personal vehicle at State expense.

V. Suspended License

Any employee whose driver's or operator's license is suspended pursuant to Section 11-501.1 of

the Illinois Vehicle Code [625 ILCS 5/11-501.1], or pursuant to a similar statute or ordinance of another governmental entity, for refusal to submit to any tests for the purpose of determining the content of alcohol, illegal drugs, or combination thereof in the employee's blood shall be subject to discipline, up to and including suspension from employment without benefits pending a hearing or discharge from employment, if this refusal occurred in connection with the employee's arrest arising out of the operation of a State-owned, State-leased, or personal vehicle at State expense.

VI. Arrest

Any employee arrested for a violation of Section 11-501 of the Illinois Vehicle Code [625 ILCS 5/11-501], or a similar statute or ordinance of another governmental entity, may be suspended from employment without benefits pending a hearing, if DHS has a reason to believe that the alleged violation occurred during the employee's operation of a State-owned, State-leased, or personal vehicle at State expense.

- A. Subject to subsection B, a finding of not guilty or the dismissal of the charges, the employee will be restored to the same or similar position classification in the agency and work location held at the time of the suspension, plus back pay and restoration of all benefits for the period of the suspension. A similar position classification shall include:
 - 1. The same position classification with different duties;
 - 2. A successor position classification; or
 - 3. A different position classification having related requirements and duties and the same salary or wage assignment.
- B. When the facts giving rise to the arrest warrant discipline for violation of any other rule or condition of employment, DHS shall follow its standard disciplinary procedures and impose discipline consistent with the nature of the violation of other rules or conditions of employment.

VII. Applicability of Personnel Rules and Collective Bargaining Agreement

This directive shall be applied in a manner consistent with the applicable procedures set forth in any applicable personnel rules or collective bargaining agreement.

Authorized by: *(Signature on File)*

Linda Reneé Baker
Secretary

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01.05.05.070 Commuting/Out-of-State Travel in an Assigned Vehicle

Number	01.05.05.070
Effective	09/01/01
Revised	12/07/07, 06/30/09
Section	Office of Business Services
Subsection	Fleet Management
Subject	Commuting/Out-of-State Travel in an Assigned Vehicle
Authority	Section 235 of the Governor's Travel Control Board [80 Ill Adm. Code 2800.235]
Reference	Administrative Directive 01.05.05.050, Insurance Coverage on Assigned Vehicles

Policy Statement

Employees operating a personally-assigned, State-owned vehicle are required to report each quarter the number of days the State vehicle was used for commuting purposes. Operating a personally-assigned, State-owned vehicle is considered by the Internal Revenue Service to be a fringe benefit when used for commuting. A flat fee of \$3.00 per day is assessed for the commuting-use assigned vehicle for tax purposes. If the use of the assigned vehicle falls in the "Qualifies for Reimbursement" classification (found in the Governor's Travel Control Board's "Travel Guide"), no \$3.00 charge for the vehicle must be deducted. All other use for non-State business must be assessed the \$3.00 per day charge.

Employees operating an assigned vehicle are responsible for the general maintenance and upkeep of the assigned vehicle. The Vehicle Coordinator at the Springfield Motor Pool should be contacted at (217) 782-6471 in order to obtain the location of the nearest Central Management Services (CMS) garage for the general maintenance and upkeep of assigned vehicles. The Springfield Motor Pool can schedule a replacement vehicle for use while the employee's assigned vehicle is being maintained.

Employees operating a personally-assigned, State-owned vehicle requesting out-of-state travel are required to complete a DHS Motor Pool Vehicle Request/Out-of-State Travel for Assigned/Motor Pool Form (IL444-4768).

Procedures

- I. An employee must report the number of days a State-owned vehicle was used for commuting to and from the employee's headquarters in a calendar quarter, using the Quarterly Report of Commuting (IL444-4723) form.
- II. The report must be submitted to the Central Payroll office at 822 South College, Springfield, IL 62704, no later than the 15th of the month following the last month of the quarter. If the report is not received, Payroll will automatically charge the employee for the entire quarter that the report was not received.
- III. A copy of the Quarterly Report of Commuting (IL444-4723) form must be sent to the Vehicle Coordinator at the following address:
 Vehicle Coordinator
 Office of Business Services
 5010 Industrial Drive
 Springfield, IL 62703
 Telephone: (217) 782-6471
 Fax: (217) 782-9398
 TTY Relay: (800) 526-0844
- IV. The DHS Motor Pool Vehicle Request/Out-of-State Travel for Assigned/Motor Pool Form (IL444-

4768) shall be filled out using a typewriter or computer, contain the appropriate supervisor's signature, and shall be submitted through the chain of command to the DHS Secretary for arrival in the Secretary's Office at least four (4) weeks prior to the anticipated travel date.

Authorized by: *(Signature on File)*

Carol L. Adams, Ph.D.
Secretary

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01.05.05.080 Use of State-Owned, State-Leased, or Privately-Owned Vehicles at State Expense

Number	01.05.05.080
Effective	09/01/01
Revised	09/03/02; 02/14/11
Section	Business Services
Subsection	Fleet Management
Subject	Use of State-Owned, State-Leased, or Privately-Owned Vehicles at State Expense
Authority	Illinois Vehicle Code [625 ILCS 5/7-203, 10-101(b)]
Reference	Administrative Directive 01.05.02.020, Transportation, 01.05.05.090, Liability Plan

Policy Statement

The Department of Human Services (DHS) has established this directive to govern the use of State-owned, State-leased, or privately-owned vehicles at State expense.

Definition

"Employee" Any payroll personnel or contractual employees with the Department of Human Services (DHS). This does not include volunteers or independent contractors.

Procedures

I. Use of Privately-Owned Vehicles

- A. Privately-owned vehicles may be used when authorized by the immediate supervisor.
- B. Employees using privately-owned vehicles while on State business must have insurance coverage in an amount not less than that required by Section 10-101(b) of the Illinois Vehicle Code (625 ILCS 5/10-101[b]). Employees shall complete form IL444-4042 (Insurance Verification Card) certifying that they are duly licensed and carry at least the minimum insurance coverage. Form IL444-4042 can be obtained through the Warehouse Control System. An Insurance Verification Card is to be completed at the beginning of each fiscal year and sent to the DHS Travel Coordinator, 5020B Industrial Drive, Springfield, Illinois 62703, (217) 524-7685 phone, (217) 557-9371 fax, TTY Relay (800) 526-0844.. Employees who use their personal vehicle for state business are required to charge mileage from their headquarters or residence whichever is less. Reimbursement shall be in the rate shown in the Reimbursement Schedule in the Administrative Directive 01.05.02.020, Transportation.

II. State-Owned or State-Leased Vehicles

- A. Drivers and passengers of State-owned or State-leased vehicles shall be State employees, except in accord with the guidelines in Section III of this Directive and unless the DHS Secretary has granted prior written approval.
- B. All operators of State-owned or State-leased vehicles must possess a valid driver's license appropriate for the vehicle being driven and use the vehicle for State business only. When using the State-owned or State-leased vehicle for State business, the driver will be reimbursed for storage charges for the vehicles, including parking. If the driver incurs expenses due to improper parking or operation of the vehicle (not caused by mechanical failure), the driver is responsible for parking expenses, parking tickets, traffic citations and towing expenses.
- C. The driver must exercise reasonable diligence at all times in the proper care, use, and

operation of the vehicle.

III. **Authorized Use of State Vehicles**

State-owned or State-leased vehicles are authorized for use in the performance of all essential travel duties related to the completion of State business. They are not authorized for personal trips unrelated to State business; to transport passengers who are not State employees (except in accord with the guidelines below), or to attempt tasks that are beyond the vehicle's capabilities. When in doubt, the decision must be based on whether the vehicle's use will serve the interests of the State. As State employees using State property, employees are responsible for using caution and discretion at all times. The following guidelines give specifics on authorized uses of State vehicles:

- A. Travel between places where the State vehicle is dispatched and the place where the official State business is performed.
- B. When on official travel status, use between the place of State business and the place of temporary lodging.
- C. When on official travel status and not within reasonable walking distance, use between lodging and work location and:
 1. Places to obtain meals, located reasonably near lodging or work location;
 2. Places to obtain medical assistance, including pharmacies;
 3. Similar places required to sustain the health, welfare, or continued efficient performance of the driver.
- D. Transport of other officers, employees, or guests of the State when they are on official State business.
- E. Transport of consultants, contractors, or commercial firm representatives when such transport is in the direct interests of the State.
- F. Transport of materials, supplies, parcels, luggage, or other items belonging to the State of the employee necessary for the employee's duties or comfort while on travel status or serving the interests of the State.
- G. Transport of any person or item in an emergency situation.
- H. Travel between the place of dispatch, or place of performance of State business, and the employee's personal residence when specifically authorized by the DHS Travel Coordinator.
- I. Transport of individuals who reside in State-operated facilities or DHS schools in accord with their service needs.
- J. Transport of volunteers when such transport is in the direct interest of the State.
- K. Transport of the parent/guardian of an individual served in a State-operated facility or DHS school, to enable the parent/guardian to accompany the individual to a medical appointment or other location, when this activity is in the direct interest of the State.

IV. **Unauthorized Use of State Vehicles**

Unauthorized use of State vehicles may result in immediate disciplinary action up to and including discharge. Discipline may also include suspension of all privileges to operate State vehicles. State employees are not covered by liability insurance while engaging in unauthorized use of State vehicles.

The following are examples of prohibited uses of State vehicles:

- A. Use for personal purposes, other than commuting in assigned vehicles or those purposes specified in Section III of this Directive.
- B. Travel or tasks that are beyond the vehicle's rated capability. This rating is found in the owner's manual located in the glove box of each vehicle.
- C. Transport of pets, families, friends, associates, or other persons not employed by the State or in the interests of the State. The Secretary of DHS will determine if questionable

travel is in the interests of the State.

- D. Transport of hitch-hikers.
- E. Transport of cargo that has no relation to the performance of official State business, including illegal contraband and/or alcoholic beverages.
- F. Transport of acids, explosives, weapons, ammunition, or highly flammable material, except by specific authorization or in an emergency situation.
- G. Transport of items or equipment projecting from the side, front, or rear of the vehicle in a way that constitutes an obstruction to safe driving, or a hazard to pedestrians or to other vehicles.
- H. Transport, when on official State business, of other State employees not on official State business from headquarters to restaurants, cafes, pharmacies, or other places that are not in the service of State business.
- I. Travel to entertainment and recreation events, for vacation purposes, or any travel that is not in the service of State business.
- J. Extending the length of time the operator possesses the vehicle beyond what is needed to complete the official purpose of the trip.

Authorized by: *(Signature on File)*

Michelle R.B. Saddler

Secretary

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01.05.05.090 Liability Plan

Number	01.05.05.090
Effective	03/15/02
Revised	02/14/11
Section	Business Services
Subsection	Fleet Management
Subject	Liability Plan
Authority	The State of Illinois Self Insured Motor Vehicle Liability Plan[20 ILCS 405/405-105];High Risk Drivers Program 80 Ill. Adm. Code 3100.
Reference	Administrative Directive 01.05.05.050, Insurance Coverage on Assigned Vehicles; Administrative Directive 01.05.05.030, Reporting Motor Vehicle Accidents, Breakdowns and Emergencies

Policy Statement

The Liability Plan (The Plan), as managed by Central Management Services' (CMS) Risk Management Division, Auto Liability Section, is the provider of liability insurance when the employee is the driver of a State-owned or State-leased vehicle for work purposes. The Plan provides insurance coverage should the employee have an automobile accident and the employee is determined to be at fault, while he or she is using the vehicle for work purposes.

Definitions

"Employee." Any payroll personnel or contractual employees with the Department of Human Services (DHS). This does not include volunteers or independent contractors.

Procedures

I. Coverage

- A. Coverage provided on an employee-owned, employee-leased or other non-State owned vehicle is supplemental insurance only. In the event there is no insurance on an employee-owned, employee-leased or non-State owned vehicle at the time of accident, the Plan will provide excess coverage above the statutory minimum amount of insurance required at the time of the accident.
- B. The Plan may cover damages to the injured parties up to \$2 million. It will not, however, provide any physical damage coverage for the State-owned or State-leased vehicle or the employees in the State-owned or State-leased vehicle. Personal injury suffered by employees may be compensated by the State Workers' Compensation program. The vehicle damage may be paid by the Department of Human Services (DHS).
- C. Any individual in a State-owned or State-leased vehicle, who is not a State employee or contractual, will not have any medical coverage afforded to him or her by The Plan.

II. Notice of Occurrence

Failure to report an accident to the Risk Management Division through the DHS Fleet Coordinator, 5020B Industrial Drive, Springfield, Illinois 62703, (217) 782-6471 phone, (217) 786-7692 fax, may leave the employee solely financially liable for all damages incurred. Please see Administrative Directive 01.05.05.030, Reporting Motor Vehicle Accidents, Breakdowns and Emergencies.

III. Rental Cars

Damage to rental cars may be covered ONLY if the driver is on travel status. Liability coverage may be provided ONLY after the rental company insurance has been exhausted.

IV. Notice of Claim or Suit

All correspondence or contact with or by the other party in the accident must immediately be sent or reported to the CMS Division of Risk Management through the DHS Fleet Coordinator, 5020B Industrial Drive, Springfield, Illinois 62703, (217) 782-6471 phone, (217) 786-7692 fax. Failure to act immediately could leave the employee financially liable for any costs incurred.

V. Assistance and Cooperation

The employee shall cooperate fully with all requests for information from DHS. All statements or contact with the other party or his or her representative will be solely through the DHS Fleet Coordinator reporting to the CMS Risk Management Division.

VI. Other Insurance

Any coverage left to be paid, after payment by the employee's private insurance or the insurance of the rental car company, may be paid by the CMS Risk Management Division. Should the private insurance company refuse to pay, CMS Risk Management Division may provide coverage for the employee provided the accident has been reported in a timely manner and all requirements of The Plan have been met. Please see Administrative Directive 01.05.05.030, Reporting Motor Vehicle Accidents, Breakdowns and Emergencies.

VII. Subrogation

CMS Risk Management Division will have rights to all monies recovered for damages incurred from the accident. The employee shall make no monetary gains at the expense of the State.

VIII. Non-State Employee

Any non-State employee, such as a contractual employee or volunteer, may be authorized in writing by the Secretary to drive a State vehicle if it is of benefit to the State. The authorized non-State employee must adhere to the same guidelines/procedures applicable to the State employee.

IX. Exclusions

There is absolutely NO COVERAGE for the employee's physical or personal property damage beyond that covered by:

- A. Workers' Compensation;
- B. Unemployment Compensation;
- C. Disability Benefits.

X. Certification of Liability Coverage

Every employee who is assigned a specific vehicle owned or leased by the State on an ongoing basis shall either provide certification of liability insurance coverage extending to the employee when the assigned vehicle is used for other than official State business, OR file a bond with the Secretary of State as proof of financial responsibility.

XI. Suspension or Revocation of Coverage

- A. Use of a State vehicle by an employee will be denied and suspension or revocation of coverage will occur if the employee has too many at fault accidents.
- B. Suspension or revocation of coverage will occur if the employee deviates from the shortest route in order to conduct any type of personal or non-State business while driving a State-owned or State-leased vehicle.
- C. The employee is encouraged to check with his or her insurance company to verify that they have "non-owned auto liability" coverage, in the event the employee has an accident and is not covered by the Plan or in the event coverage is suspended or revoked.
- D. An employee whose job requires travel, who has been denied or suspended from the coverage under the Plan, can use his or her personal vehicle, with adequate insurance coverage as defined in 625 ILCS 5/10-101(b). The employee will not have the benefit of the Risk Management Supplemental Insurance.

XII. Legal Assistance

The Plan will provide all defense expenses, suits, appeal bonds, and litigation against an eligible

employee, if necessary, with the help of the Attorney General.

Authorized by: *(Signature on File)*

Michelle R.B. Saddler

Secretary

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