

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>3-8-11</i>
--------------------	-----------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000393	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Checked 3/15/11</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-17-11</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

NIKKI HALEY, CHAIRMAN
GOVERNOR
CURTIS M. LOFTIS, JR.
STATE TREASURER

RICHARD EKSTROM, CPA
COMPTROLLER GENERAL



SC BUDGET AND CONTROL BOARD

STATE FLEET MANAGEMENT
Warren J. McCormack
STATE FLEET MANAGER

(803) 737-0668
FAX: (803) 737-1160

HEGH K. LEATHERMAN, SR.
CHAIRMAN, SENATE FINANCE
COMMITTEE

DANIEL T. COOPER
CHAIRMAN, HOUSE WAYS AND MEANS
COMMITTEE

ELEANOR KITZMAN
EXECUTIVE DIRECTOR

MEMORANDUM

RECEIVED

MAR 08 2011

Department of Education, Human Services
OFFICE OF THE DIRECTOR

TO: Mr. Anthony E. Keck, Director

FROM: Rob Malpass, Program Manager 

SUBJECT: Agency Authorized Signatures

DATE: March 7, 2011

Due to Executive Administration changes within your agency, the State Fleet Management Office is requesting an update to the signature authority for forms used to communicate fleet management decisions in the following key areas:

SFM Form 6-77 Request to purchase, dispose, or retain a State vehicle
SFM Form 980-R Request for Permanent assignment of state-owned vehicles
SFM 1-79 Request for exemption from state motor vehicle identification
SFM Form 7-84 Request for exemption from seal identification requirements

Printable copies of these forms are available online at www.scfleet.sc.gov; however we have included a copy of each for your convenience.

Authority to make these decisions is automatically granted to the Agency Director; however authority may be delegated to others within your organization. Please complete the enclosed "Agency Head Signature Authorizations" form to give us your signature for authentication, and to indicate delegation of authority for any other agency employees. State Fleet Management will suspend processing of the previously listed documents until we receive an updated form.

Agency Head Signature Authorizations

AGENCY NAME	TITLE	NAME	SIGNATURE	PLEASE MARK WITH AN X THE FORMS EACH PERSON IS AUTHORIZED TO SIGN.			
				FORM NO. AND DESCRIPTION			
				6-77 Purchase, Dispose or Retain Vehicle	980-R Permanent Assignment	1-79 Confidential Tag	7-84 Seal Exemption

Please verify or make corrections as needed.
Agency Head Signature is Required.

X

REQUEST TO PURCHASE, DISPOSE OR RETAIN STATE-OWNED VEHICLES

From: _____

Date _____

To: State Budget and Control Board
State Fleet Management
1026 Sumner Street, 2nd Floor
Columbia, South Carolina 29201

SECTION I Request to Purchase

Fleet Addition _____ Yes (See E and F)

New _____ No (See F and Section II)

P.O. Number _____
Used _____
Serial # _____ Mileage _____
Tag # _____ Empty Weight _____
Inspection # _____ Body Style _____ Year _____

- A. Make _____ Model _____ Other (Source & Amt.): _____
B. This vehicle is to be assigned to: _____
C. Annual Official Miles _____
D. Funds to purchase this vehicle are available from: _____
State Appropriations: _____
E. Give complete justification in accordance with Chapter 7, State Motor Vehicle Management Manual. If a fleet addition, agency director must certify that no vehicle is available to reassign to fill this need. (For multiple or fleet purchases give required information on additional sheets)

- F. The State standard fleet sedan or station wagon is a compact model. Requests for special fleet sedans or station wagons (Intermediate model) must be justified in writing. Please attach justification.

SECTION II Request for Disposal/Retention

Disposal Retention**
Tag Number _____ Make _____ Model _____ Body Style _____ Year _____
Serial Number _____ Mileage _____ New Cost \$ _____
Date of Purchase _____ Present Estimated Value \$ _____
Name and telephone number of person to contact: _____

**Old vehicle must be disposed of within 90 days of placement in service of replacement vehicle, unless one-year retention is approved by SFM. Submit on separate page detailed justification why your agency needs to retain this vehicle.

Agency or Institution Head

SECTION III
Action By Budget & Control Board

Approved _____ Disapproved _____
Date _____ Signature _____

DISTRIBUTION OF COPIES 1 THRU 4:

SFM USE ONLY

ORIGINAL COPY - SFM FILE
2ND COPY - SFM TITLE FILE
3RD COPY - RETURN COPY
4TH COPY - SURPLUS FILE

SFM Form 6-77
Revised 12/99
Updated 1/11

Budget and Control Board — Office of General Services — State Fleet Management
Request for Permanent Assignment of a State-owned Vehicle

*** SEE INSTRUCTIONS ON PAGE 2 ***

Section I: Application for Permanent Assignment of State Vehicle

Application Type: New Request Information Update Effective Date: _____

Withdrawal: Tag Number: _____ Effective Date: _____

Vehicle Information: Tag Number: _____ Equipment Number: _____

Vehicle Make: _____ Vehicle Model: _____ Vehicle Year: _____

Agency Information: Agency: _____ Agency Contact: _____

Agency Code: _____ Address: _____

City: _____ Zip Code: _____ Telephone: _____

Operator Information: Full Name: _____ Position: _____

Driver's License No.: _____ State: _____ Expiration Date: Month _____ Day _____ Year _____

NOTE: You MUST supply your driver's license number and full expiration date for this application to be processed.

Section II: Rationale for Assignment

Line-duty law enforcement officer Constitutional officer Agency head

Remote work site Location: _____

Annual official mileage Official miles accrued last FY: _____

Emergency response to calls after normal duty Number of emergency responses last FY: _____

Specially mounted equipment Describe Equipment: _____

Logistical reasons Explain: _____

Section III: Employee Certification

I certify that the above information is true and correct. Should this information change, I will complete a new SFM Form 980-R and submit it to State Fleet Management.

Signature: _____ Date: _____

Section IV: Authorization (Signatures Required)

Assignment: Approved Disapproved

Supervisor Authorization (optional)

Signature: _____ Date: _____

Agency Head Approval (required)

Signature: _____ Date: _____

General Instructions for Permanent Assignment Form 980-R

Section I: Application for Permanent Assignment of State Vehicle

You should use a 980-R form whenever an employee is assigned a state-owned vehicle on a full-time basis. If two or more persons use a vehicle it is not a permanent assignment.

Under **Application Type**, select **New Request** or **Information Update** and give the **Effective Date**; if this request is for **Withdrawal only**, be sure to include **Tag Number** of vehicle and **Effective Date**. Complete all **Vehicle Information**, **Agency Information**, and **Operator Information** as requested. You **MUST** supply your driver's license number and **full expiration date** for this application to be processed.

Section II: Rationale for Assignment

Mark boxes for **Rationale for Assignment** as needed and complete information on the number of emergency responses, location, official miles, and specially mounted equipment. No specific rationale is required for **Constitutional Officers**, **Agency Heads**, or **Law Enforcement Officers**.

- **Line Duty Law Enforcement Officer:** Section 1-11-270(b) of the South Carolina Code of Laws authorizes agency heads to assign vehicles to law enforcement officers as defined by the agency head.
Federal Income Tax Regulations define a **Law Enforcement Officer** as an individual employed on a full-time basis by a governmental unit that is responsible for the prevention or investigation of crime involving injury to persons or property (including apprehension or detention of persons for such crimes), who is authorized by law to carry firearms, execute search warrants, and make arrests (other than merely a citizen's arrest), and who regularly carries firearms (except when it is not possible to do so because of the requirement of undercover work). The term "law enforcement officer" may include an arson investigator if the investigator otherwise meets the requirements of this paragraph (k)(6)(ii).
- **Constitutional Officer:** This includes the Governor, Lieutenant Governor, Comptroller General, State Treasurer, Attorney General, Adjutant General, Commissioner of Agriculture, Secretary of State, and Superintendent of Education. Statewide elected officials are exempt from reimbursing the State for commuting miles as shown in Section 1-11-270(b) of the South Carolina Code of Laws.
- **Agency Head:** An agency head is the chief executive officer of a State agency (limited to one per agency). Designation as an agency head is justification for assignment of a State-owned vehicle but not for exemption from reimbursement for commuting as shown in Section 1-11-270(b) of the South Carolina Code of Laws.
- **Remote Work Site:** Employees may qualify for a permanently assigned vehicle if work site is located where no motor pool vehicles are available, or if the employee's home serves as his or her office.
- **Annual Official Mileage:** SFM periodically performs a break-even analysis to determine the point at which it is more cost-effective to assign a vehicle to an employee than to pay privately-owned vehicle (POV) reimbursement. SFM notifies agencies when this break point changes. If the employee travels more than the current break-even point mileage per year, he or she is eligible for a permanently assigned vehicle. Mileage traveled includes official miles only — NOT commuting miles.
- **Emergency Calls:** Being "on call" does not necessarily merit a vehicle assignment. Frequency and type of calls after normal working hours will be determining factors.
- **Special Equipment:** Indicate type of equipment and its use.
- **Logistical Reasons:** Please specify rationale on additional pages.

Section III: Employee Certification

In order for the form to be valid, the employee must sign and date this section.

Section IV: Authorization

The Supervisor must indicate whether Permanent Assignment is authorized, then sign and date this section in the space provided. Final approval by agency head must be signed and dated. Forward completed original form to:
State Fleet Management, 1026 Sumter Street, 2nd Floor, Columbia, SC 29201

Request for Exemption from State Motor Vehicle Identification Requirements

From: _____

TO: State Fleet Management
 1026 Sumter Street, 2nd Floor
 Columbia, SC 29201

Part One: Vehicle Identification

In accordance with Section 1-11-320 of the South Carolina Code of Laws, it is requested that the State-owned vehicle(s) listed below be exempted from the permanent (SG) license tags and other identification requirements.

Request No.	Make	Year	Identification No. (VIN)	Owned or Leased?	Tag No.
1.					
2.					
3.					
4.					
5.					

List additional requests on a separate sheet in this same format.

Part Two: Justification for Identification Exemption

Check A or B below, as appropriate.

A. () Certified Law Enforcement Officers

I hereby certify that a confidential license plate is necessary for the vehicle(s) indicated above because it is a vehicle assigned to, or for use by, a law enforcement officer who is involved in undercover law enforcement work, to include covert surveillances, to the extent that the actual investigation of criminal cases or the investigator's well-being would be jeopardized without the issuance of such license. The term "law enforcement officer" is defined as a certified police officer or prosecutor who is employed in a full-time capacity. Attach complete and specific justification for all requests. Avoid generalities.

B. () For other than Certified Law Enforcement Officers

I hereby petition the Budget and Control Board to exempt the listed State vehicle(s) from identification requirements, as provided for in the referenced Act, for the reason(s) shown in the attachment. Attach complete and specific justification for all requests. Avoid generalities.

Requesting Agency Head _____ Date _____
NOTE: Send to State Fleet Management at above address.

Authorization for Certified Law Enforcement Officers: For SLED Internal Use Only

With reference to the motor vehicle(s) listed in Part One for which an exemption from the identification requirements of the referenced Act is requested, it is my opinion that:

Request number(s) _____ should be granted.

Request number(s) _____ should NOT be granted.

Chief, State Law Enforcement Division _____ Date _____
Forward to SFM at above address

For SFM Internal Use Only

The State Budget and Control Board, in consultation with the Chief of the State Law Enforcement Division where applicable, hereby grants an exemption for the vehicles listed in Part One as request number(s) _____ from the identification requirements of the referenced Act.

State Fleet Manager _____ Date _____
 for State Budget and Control Board

REQUEST FOR EXEMPTION FROM SEAL IDENTIFICATION REQUIREMENT

DATE: _____

TO: SC Budget & Control Board State Fleet Management
1026 Sumter Street, 2nd Floor, Columbia, SC 29201

FROM: Agency

1. I hereby request exemption from the requirement to display a state or agency seal decal on the following vehicle(s):

<u>VEHICLE YEAR/MAKE</u>	<u>TAG NUMBER</u>	<u>OWNED/LEASED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Justification for this exemption request is as follows:

- a. Vehicle used in actual undercover law enforcement work to the extent that investigation or investigator's physical well being will be jeopardized if identified.
- b. *Vehicle carries human service agency clients whose privacy would clearly and necessarily be impaired by identification.
- c. *Other reason (Please describe): _____

*For justification 2b and 2c, please be explicit in explaining reasons seal exemption is required. Identify program(s) supported and reasons for exemptions. Use additional page(s) if necessary.

3. I certify that, if this exemption is approved, I will ensure that the vehicle(s) is (are) used in accordance with all statutes, regulations, and policies pertaining to the operation of state vehicles.

Signature of Agency Head: _____

Point of Contact: _____ Telephone Number: _____

Approved _____ By: _____
State Fleet Manager

Disapproved _____ Date: _____



SC BUDGET AND CONTROL BOARD
DIVISION OF GENERAL SERVICES
STATE FLEET MANAGEMENT
1026 SUMTER STREET, 2ND FLOOR
COLUMBIA, SC 29201

RECEIVED

MAR 08 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Anthony E. Keck,
Department of Health and Human Services
1801 Main Street
Columbia SC 29201



March 15, 2011

Mr. Rob Malpass
State Fleet Management
South Carolina Budget and Control Board
1026 Sumter Street, 2nd Floor
Columbia, South Carolina 29201-3476

Dear Mr. Malpass:

Enclosed you will find an updated Agency Head Signature Authorizations for forms used to communicate fleet management decisions in key areas.

If additional information is needed, please let me know.

Sincerely,



Anthony E. Keck
Director

AEK/wh

Enclosure

Agency Head Signature Authorizations

AGENCY NAME	TITLE	NAME	SIGNATURE	PLEASE MARK WITH AN X THE FORMS EACH PERSON IS AUTHORIZED TO SIGN.			
				FORM NO. AND DESCRIPTION			
				6-77 Purchase, Dispose or Retain Vehicle	980-R Permanent Assignment	1-79 Confidential Tag	7-84 Seal Exemption
S. C. Department of Health and Human Services	Director	Anthony E. Keck		X	X	X	X

Please verify or make corrections as needed.
Agency Head Signature is Required.

X 

Agency Head