

OFFICE OF THE GENERAL COUNSEL  
Division of Operations-Management

MEMORANDUM OM 16-01

October 15, 2015

TO: All Regional Directors, Officers-in-Charge,  
and Resident Officers,

FROM: Anne Purcell, Associate General Counsel

SUBJECT: Oversight and Management of the Usage of POV and Leased Vehicles

[OM 03-98](#) announced steps to be taken in order to ensure proper oversight and management of the GSA leased car program in the Field. Pursuant to the Inspector General's Audit of Agency Leased Vehicles, (OIG-AMR-38-03-01), the Agency agreed to evaluate leased vehicle utilization on an annual basis and eliminate vehicles that do not meet the minimum guidelines as set forth in [OM 03-98](#). OM 05-04 announced the annual review of all Regional/Subregional offices utilization of each leased vehicle in its possession. Pursuant to [OM 05-04](#), each Region should complete and return, via e-mail, to Secretary to Deputy Associate General Counsel Crystal Roberts by November 13, 2015, the attached survey for each vehicle in the Region's possession. In the event a Region is unable to justify keeping a vehicle, the vehicle must be returned to GSA by January 15, 2016. Regions should review [OM 15-44](#) which provided insight into the GSA/POV audit process and contained steps Regions need to follow starting in FY 16.

In order to keep track of the Agency's fleet of GSA vehicles, Regions should notify Safety Officer Andrew McDonald of the Administration, Facilities and Property Branch each time a GSA vehicle is turned in for a different vehicle. The Region should provide the make, model, year and vehicle identification number of both the vehicle being returned and the replacement vehicle. Whenever possible, Regions should be requesting hybrid or alternate fuel vehicles to replace vehicles being returned.

[OM 05-04](#) also announced a review of the use of POVs for official travel and leased vehicle usage, and reports on operator packets maintenance from eleven, randomly selected Regional/Subregional Offices. Regions will be notified by a separate e-mail if they have been randomly selected to submit these records for FY 2015.

Starting this year, the responsibility for conducting the audits mentioned herein will transition over to the Administration, Facilities and Property Branch. Until further notice, all documents requested pursuant to these audits should be sent to DAGC Dolores Boda. If you have any questions regarding this matter, please feel free to contact DAGC Dolores Boda or myself.

/S/  
A.P.

cc: NLRBU

SURVEY OF LEASED VEHICLES

REGION \_\_\_\_\_

For Fiscal Year Ending September 30, 2015

Vehicle 1: Make \_\_\_\_\_ Model \_\_\_\_\_ Tag # \_\_\_\_\_

VIN # \_\_\_\_\_ Location of vehicle: \_\_\_\_\_

Monthly rental cost of vehicle \_\_\_\_\_ Monthly cost of parking space \_\_\_\_\_

Vehicle is a (check appropriate type): \_\_\_\_\_ Hybrid \_\_\_\_\_ Alternate Fuel \_\_\_\_\_ Gas driven

Miles driven during the last fiscal year:

1<sup>st</sup> Q \_\_\_\_\_ 2<sup>nd</sup> Quarter \_\_\_\_\_ 3<sup>rd</sup> Quarter \_\_\_\_\_ 4<sup>th</sup> Quarter \_\_\_\_\_

This vehicle is justified based on the mileage standard (3,000 miles per quarter or 12,000 miles per year) \_\_\_\_\_ Yes \_\_\_\_\_ No (if no, please continue)

Alternative #1 Usage

Listed below is the number of days during the last fiscal year this vehicle was used substantially:

Oct '14 \_\_\_\_\_ Nov '14 \_\_\_\_\_ Dec '14 \_\_\_\_\_ Jan '15 \_\_\_\_\_

Feb '15 \_\_\_\_\_ Mar '15 \_\_\_\_\_ April '15 \_\_\_\_\_ May '15 \_\_\_\_\_

June '15 \_\_\_\_\_ July '15 \_\_\_\_\_ Aug '15 \_\_\_\_\_ Sept '15 \_\_\_\_\_

This vehicle is justified based on the usage standard (8 days a month on average)

\_\_\_\_\_ Yes \_\_\_\_\_ No (if no, please continue)

Alternative #2 Other criteria

If the vehicle is used less than 8 days a month, and you wish to retain the car, please, attach a memo outlining the criteria the Region is relying on to justify the continued utilization of the vehicle. (See [OM 03-98](#)).

This vehicle is justified based on the other standard:

\_\_\_\_\_ Yes \_\_\_\_\_ No (if no, please take the necessary steps to return this vehicle)

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of individual completing survey

\_\_\_\_\_  
Telephone number