

OFFICE OF THE GENERAL COUNSEL
Division of Operations-Management

MEMORANDUM OM 20-01

October 3, 2019

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

FROM: Beth Tursell, Associate to 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 Safety Officer Andrew McDonald by November 2, 2019, the attached survey for each vehicle in the Region's possession. Regions should review [OM 15-44](#) and [OM 16-10](#) which provided insight into the GSA/POV audit process and contained steps Regions needed to follow starting in FY 16.

[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 19.

Regions are reminded that at the beginning of each fiscal year, they should conduct a staff training session concerning GSA vehicle use. The training should include discussion of vehicle log information requirements, how to reserve the GSA vehicle, and how to cancel GSA vehicle reservations. Regions should also collect driver's license certifications at the beginning of each fiscal year. To assist Regions in the collection of driver's license certification information, Safety Officer Andrew McDonald will send pre-populated forms to each Region this week. In addition, Regions with a GSA vehicle are asked to immediately begin use of the attached vehicle log form which will help to streamline data collection when Regions are audited. Your cooperation is greatly appreciated.

The responsibility for conducting the audits mentioned is shared by Operations-Management and the Facilities and Property Branch. Until further notice, all documents requested pursuant to these audits should be sent to Safety Officer Andrew McDonald with a copy to Administrative Support Assistant Matt Guest. If you have any questions regarding this matter, please feel free to contact Andrew McDonald or myself.

/s/
B. T.

Attachments

cc: NLRBU

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SURVEY OF LEASED VEHICLES

REGION _____

For Fiscal Year Ending September 30, 2019

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:

1st Quarter _____ 2nd Quarter _____ 3rd Quarter _____ 4th 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 '18 _____	Nov '18 _____	Dec '18 _____	Jan '19 _____
Feb '19 _____	Mar '19 _____	April '19 _____	May '19 _____
June '19 _____	July '19 _____	Aug '19 _____	Sept '19 _____

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