

COUNTY VEHICLE (CV) GROUP AGREEMENT AND SCHEDULE – 2025

ANY CV GROUP CHANGES WILL REQUIRE THE GROUP TO COMPLETE, EXECUTE AND SUBMIT AN UPDATED COUNTY VEHICLE (CV) GROUP AGREEMENT AND SCHEDULE. IT IS THE CV GROUPS RESPONSIBILITY TO PROVIDE TIMELY UPDATED GROUP AGREEMENTS TO THE HUMAN RESOURCES COMMUTER SERVICES DIVISION. COUNTY VEHICLES (CV) MUST BE PARKED IN A SECURE LOCATION SUCH AS THE PRIVATE RESIDENCE OF AN ACTIVE AND REGISTERED PARTICIPANT, COUNTY GATED FACILITY (WHEN AVAILABLE), OR OTHER LOCATION APPROVED BY THE HUMAN RESOURCES COMMUTER SERVICES DIVISION AND FLEET SERVICES. EACH REGISTERED PARTICIPANT IN THE GROUP WHO IS AUTHORIZED TO DRIVE MUST PARTICIPATE IN THE DRIVING ROTATION IN FAIRNESS TO ALL COUNTY VEHICLE (CV) GROUP MEMBERS, UNLESS THE GROUP HAS UNANIMOUSLY AGREED TO A DIFFERENT ARRANGEMENT. PLEASE SEND A WRITTEN NOTICE TO THE HUMAN RESOURCES COMMUTER SERVICES DIVISION IMMEDIATELY IF A REGISTERED PARTICIPANT IS UNABLE TO DRIVE DUE TO A MEDICAL CONDITION OR LEGAL RESTRICTION. THE COUNTY VEHICLE (CV) GROUP READ AND UNDERSTAND THE COUNTY VEHICLE (CV) TERMS AND CONDITIONS, AS PRESENTED BY THEIR SIGNATURES AND DATE ON THIS DOCUMENT.

THE PARTICIPANTS IN **COUNTY VEHICLE (CVXXX)** _____, **UNIT NUMBER (XX-XXX)** _____ AGREED ON THE FOLLOWING COUNTY VEHICLE (CV) GROUP AGREEMENT AND SCHEDULE ON _____/_____/_____.

I. WORK LOCATION(S): _____

WORK SCHEDULE: _____

***ALLOW FIVE (5) MINUTES BETWEEN ARRIVAL AND DEPARTURE TIME FROM YOUR PICKUP/DROP OFF LOCATIONS.**

II. MORNING LOCATION(S):	* ARRIVAL	* DEPARTURE
1. _____	_____ am	_____ am
2. _____	_____ am	_____ am
3. _____	_____ am	_____ am
4. _____	_____ am	_____ am
5. _____	_____ am	_____ am

III. AFTERNOON LOCATION(S):	* ARRIVAL	* DEPARTURE
1. _____	_____ pm	_____ pm
2. _____	_____ pm	_____ pm
3. _____	_____ pm	_____ pm
4. _____	_____ pm	_____ pm
5. _____	_____ pm	_____ pm

V. PARTICIPANT APPROVAL: (REQUIRED FROM EACH REGISTERED PARTICIPANT.)

PRINT NAME/EMPLOYEE NUMBER:

SIGNATURE:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

VI. PRIMARY CONTACT (CAPTAIN): _____

CONTACT TELEPHONE NUMBER(S): _____

CONTACT EMAIL ADDRESS: _____

CONTACT DEPARTMENT and DIVISION: _____

CONTACT MAIL STOP: _____

VII. SECONDARY CONTACT (CO-CAPTAIN): _____

CONTACT TELEPHONE NUMBER(S): _____

CONTACT EMAIL ADDRESS: _____

CONTACT DEPARTMENT and DIVISION: _____

CONTACT MAIL STOP: _____

VIII. STORAGE AND LOCATION ADDRESS FOR THE COUNTY VEHICLE (CV) WHEN NOT IN USE FOR COMMUTING:

Please submit the complete 2025 County Vehicle (CV) registration packet by email (icommute@rivco.org).

COUNTY VEHICLE (CVXXX) _____