

**PERMANENT ASSIGNMENT  
INSTRUCTIONS FOR COMPLETION OF SFM FORM 980-R**

**GENERAL INSTRUCTIONS**

Upon completion and when approved by Agency Head, please submit the Form 980-R to SFM via email at [permassign@admin.sc.gov](mailto:permassign@admin.sc.gov) or mail to 1430 Senate Street, 3<sup>rd</sup> Floor, Columbia, SC 29201.

**SECTION I -- APPLICATION FOR ASSIGNMENT**

Complete in full for a new assignment or information update. Additionally, this form can be used to withdraw an existing assignment. Please check the appropriate box for the action you wish to take.

**SECTION II -- RATIONALE FOR ASSIGNMENT**

The categories for assignment are described below as prescribed by S.C. Code of Laws, § 1-11-270. Please indicate the reason for assignment.

✧ **Statewide Elected Official** - Includes Governor, Lieutenant Governor, Comptroller General, State Treasurer, Attorney General, Adjutant General, Commissioner of Agriculture, Secretary of State, and Superintendent of Education. Designation as constitutional officer is justification for assignment of a State-owned vehicle.

✧ **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.

✧ **Line Duty Law Enforcement Officer** – Law enforcement officers, as defined by the agency head, may be assigned a state-owned vehicle by their respective agency head.

✧ **Specially Equipped Vehicles** – An agency head may assign specially equipped vehicles when such vehicles are needed to perform duties directly related to the employee's job. Indicate the type of equipment and its use.

✧ **Emergency Response** – Agency heads may assign a vehicle to an employee who serves in an emergency response capacity after normal working hours.

✧ **Logistical Reasons** - Please specify rationale determining it is in the agency's interest for the vehicle to remain with employee.

**SECTION II-A --VEHICLE STATISTICS CERTIFICATION**

✧ **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 that employee privately-owned vehicle (POV) mileage reimbursement. SFM notifies agencies when this break point changes. If the employee travels more than the current break-even point mileage per year, he/she is eligible for a permanently assigned vehicle. Mileage traveled includes **official miles only**--do not include commute miles.

**STATE FLEET MANAGEMENT REQUEST FOR PERMANENT ASSIGNMENT OF A STATE-OWNED VEHICLE**

**SECTION I -- APPLICATION FOR ASSIGNMENT OF STATE VEHICLE**

**APPLICATION TYPE**     New Request                       Information Update                       Withdrawal  
Effective Date: \_\_\_\_\_

**AGENCY INFORMATION**

Agency: \_\_\_\_\_ Agency Contact: \_\_\_\_\_ Agency Code: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip \_\_\_\_\_ Telephone: \_\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Tag: \_\_\_\_\_

**OPERATOR INFORMATION**

Assigned To (First/Middle/Last): \_\_\_\_\_ Position: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

**SECTION II -- RATIONALE FOR ASSIGNMENT (Use continuation page if needed.)**

- Statewide Elected Official (i.e. Constitutional officer)
- Agency head  
    Line-duty law enforcement officer
- Emergency response to calls after normal duty hours
- Specially mounted equipment      Describe equipment: \_\_\_\_\_
- Logistical reasons                      Explain: \_\_\_\_\_

**SECTION II-A --VEHICLE STATISTICAL CERTIFICATION**

Annual official mileage                      Official miles accrued last FY: \_\_\_\_\_

As of October 2013, the breakeven points are as follows:  
Compact sedan = 8,000  
Midsize sedan = 9,539

**SECTION III -- EMPLOYEE CERTIFICATION**

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

**Date:** \_\_\_\_\_                      **Signature:** \_\_\_\_\_

**SECTION V -- AUTHORIZATION (Signature Required)**

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

**Date:** \_\_\_\_\_                      **Agency Head Signature:** \_\_\_\_\_