

FLEET MANAGEMENT
POLICY / PROCEDURE

SUBJECT: TECHNICIAN TOOL ALLOWANCE

APPROVED: Marilyn L. Rawlings
MARILYN L. RAWLINGS, FLEET MANAGER

DISTRIBUTION:

Fleet Management Staff

PURPOSE:

To provide a standard for the implementation and continuation of the county's tool allowance program.

General Requirements:

1. Only new tools of a known brand name or a quality used by journeyman level technician are allowed.
2. Items such as tie wraps, plugs, fittings, one time use tools and tools not used to perform repairs on County equipment will not be reimbursed under this policy.
3. Tool boxes, tool trays, socket holders, box wheels, drop lights, batteries (unless part of the tool), extension cords and support components are not covered under this policy.
4. Any full-time regular mechanic required to use tools is eligible for the tool allowance. Probationary employees are not eligible for tool reimbursement.
5. Any tools purchased that do not comply with the above will not be reimbursed.

MECHANIC RESPONSIBILITIES:

6. Each employee will be responsible to keep track of all new tools purchased and submitted for reimbursement.
7. The employee must complete and sign the reimbursement request form listing all tools submitted for reimbursement. The employee's signature on the form acknowledges the employee's agreement that the tool meets the standards set by this policy.
8. Tools must be paid in full prior to requesting reimbursement. Any item for which the tool vendor has extended credit or set up a payment plan cannot be submitted for reimbursement until the account is cleared.
9. The signed request form along with the actual sales receipt should be given to the Fleet Fiscal Officer to submit to Finance. The invoice date must be in the same fiscal year as the request for reimbursement.
10. The employee can be reimbursed up to \$500 annually based on the County's fiscal year. The reimbursement will include any sales tax paid by the employee. Any unspent funds will not be carried over to the next year.

SUPERVISOR RESPONSIBILITIES

11. Each Supervisor will be responsible for physically touching, seeing etc. the employee's tool(s) prior to signing/approving the reimbursement request.
12. The supervisor's signature on the form acknowledges the supervisor's agreement that the tool meets the standards set in this policy.

FISCAL RESPONSIBILITIES

13. Fiscal staff will verify that the employee has not exceeded the annual reimbursement amount as defined in this policy.

**Attachment A
Attachment B**

**10.4 Lee County Purchasing Manual
Reimbursement Request Form**

Last Revision Date: October 2013

10.4 Reimbursement for Tools

- 10.4.1 **Tools** – The Department Director will determine who is required to use tools.
- 10.4.2 The Department Director or his/her designee is responsible for monitoring compliance to requirement.
- 10.4.3 Any full-time regular mechanic required to use his/her own tools may receive reimbursement up to a maximum of \$500 per fiscal year toward the expense of purchase of new replacement or repair of tools. As is the case with all other equipment, this expense is to be considered in the requiring department's budget.

TOOL REIMBURSEMENT REQUEST FORM

Invoice # _____ **- TOOLS – FY** _____
Last Name – Tools-FY

Employee Name _____

Division / Section Fleet Management Employee Vendor # _____
(fiscal use only)

Job Title _____

Tool(s) purchased: _____

Reason for purchase or repair: _____

Repair \$ _____ Purchase \$ _____ Date of Last Purchase _____

I _____ certify that each tool I am submitting for reimbursement is paid in full
(PRINT NAME HERE)
and will be used for working on County equipment.

Employee Signature Date

I _____ certify that I have examined the tools submitted for reimbursement
(PRINT NAME HERE)
and confirm that they are necessary to complete the tasks assigned to the above mechanic.

Supervisor's Signature Date

Superintendent Signature Date

Fiscal Review Date

Division Director Date