

Employee Declaration for use of own Motor Vehicle

I acknowledge that the authority given to me by the Health Service Executive to use my own motor vehicle (*details of nominated vehicle here*) _____ on official business is subject to any relevant regulations or conditions in force from time to time and, in particular, to the condition that it is insured, and will continue to be insured, by me for the purpose of the Road Traffic Act 1961.

It is at present insured with _____ and I undertake to notify my Department of any change.

I am aware that the Health Service Executive will accept no liability for any loss or damage resulting from the use of said motor vehicle on “official business.”

I further confirm that I am not prohibited from driving due to any legal constraints imposed by the judicial system.

Name & Employee No: _____

Title of Office: _____

Signature & Date: _____

Approval to Travel Certification

I authorise payment of travel and subsistence expenses at the approved rate and subject to approved conditions as laid down under HSE directives to _____

This approval covers payments of travel and subsistence expenses for the year/period: _____

The employee’s base for the purposes of travel expenses is _____

For staff who use their own motor vehicle, I authorise _____ to use his own car in the course of HSE field duties, and I confirm that the employee has submitted evidence of the vehicle registration details.

I confirm that the employee has submitted and signed the **Employee Declaration for use of own Motor Vehicle** section above which covers the stated approval period.

I confirm that the employee has submitted evidence of insurance that covers the stated approval period and that the insurance documents confirm that the employee’s insurance indemnifies the HSE.

Authorising Officer’s Signature & Date _____

Name of Authorising Officer (Grade VIII or Designated Officer): _____