CONDITIONS OF VEHICLE ASSIGNMENT

This letter of understanding sets forth the conditions under which the UCSD Employee Rehabilitation Program Cart is being assigned to:

by the UCSD Employee Rehabilitation Program. The vehicle(s) shall be assigned for a term beginning at ______________ on _______________ and ending at ______________ on ________________.

On expiration of this term of assignment, Assignee shall surrender vehicle to UCSD Employee Rehabilitation Program in as good condition as originally received, except for reasonable wear and tear. Should damage occur during the term of this assignment, Assignee will reimburse UCSD Employee Rehabilitation Program for any reductions in the wholesale value of said vehicle or, at the option of the UCSD Employee Rehabilitation Program, for the reasonable cost of repairing said vehicle or replacing any damaged, defective or excessively worn components. By accepting delivery thereof, Assignee acknowledges that said vehicle is in sound and good condition, with such exceptions as are specifically noted herein.

(list any damage, deficiencies, etc.)

The undersigned golf cart borrower fully understands and acknowledges that the vehicle released pursuant to this Authorization shall be used only for official University business in accordance with University policies. Assignee shall not permit the vehicle to be used except for lawful purposes by qualified, responsible and appropriately licensed drivers nor allow the vehicle to be loaded, used, operated or stored negligently, improperly, or operated in any manner inconsistent with the policies of the University of California and/or the State of California Vehicle Code.

PRINTED NAME: ______________________ SIGNATURE: ______________________ DATE: ______________
(UCSD Employee Rehabilitation Program) (Assignor)
PHONE: ______________________

PRINTED NAME: ______________________ SIGNATURE: ______________________ DATE: ______________
(Department Representative (Assignee)
INDEX#: ______________________ PHONE: ______________________

PRINTED NAME: ______________________ SIGNATURE: ______________________ DATE: ______________
(Borrower)
PHONE: ______________________

Upon completion, please e-mail copy to: hrrehab@ucsd.edu, or send copy to: Employee Rehabilitation Counselor, UCSD 9500 Gilman Dr. La Jolla, CA 92093-0944