

Vehicle Alternate Parking Location Request Form

Employee Instructions & Approval Guide

1. Purpose

This form is used by employees assigned to a Mosaic company-owned, rented or leased vehicle who are requesting approval to park the vehicle at a location other than their designated worksite, office, or operational facility.

This request is considered an exception to Mosaic's standard vehicle assignment and parking requirements and must be approved before an alternate parking arrangement can begin.

Approval is valid for a maximum of 12 months from the date of final approval. Requests that remain necessary beyond 12 months require submission and approval of a new Vehicle Alternate Parking Location Request Form. Approval does not automatically renew.

2. Business Need Requirement

Approval requests must demonstrate a legitimate business or operational need and must be in the best interest of the business. The request should provide sufficient justification showing that the alternate parking arrangement supports operational efficiency, business continuity, response capabilities, asset utilization, or other valid business objectives.

Requests based solely on employee convenience, personal preference, or reduced commute time are generally not considered sufficient justification for approval.

3. Approval Requirements

During the initial implementation of this program, all approvals must be documented directly on the form.

Handwritten signatures are required from all designated approvers until the electronic workflow is implemented.

The electronic approval process is currently being developed and is anticipated for implementation in 2027. Until that time, email approvals or verbal approvals will not replace the required signatures on the form.

4. Required Approval Route

The form must be reviewed and approved in the following order:

- Immediate Supervisor/Manager
- Human Resources / Compensation Representative
- General Manager or Director
- Vice President
- Safety Department Record Retention

5. Record Retention

Forward all approved and denied requests, including supporting documentation, to Nichole Gizzi, Safety Department, for record retention.

Vehicle Alternate Parking Location Request Form

The Assigned Vehicle Alternate Parking Request workflow is used to document, review, and approve requests for employees assigned a Mosaic company vehicle who seek approval to regularly park the vehicle at a location other than its assigned worksite, office, or operational facility.

This request represents an exception to Mosaic's standard vehicle parking requirements and requires formal approval.

1. Employee Information

- Employee Name: Enter Employee Name
- Employee ID: Enter Employee ID
- Job Title / Role: Enter Job Title/Role
- Department: Enter Department Name
- Employee Type: Choose an item.
 - If Other, please explain: Enter text.
- On-Call Position: Choose an item.
- Employee's Assigned Location Name: Enter Work Location
- Employee's Assigned Location Address: Click or tap here to enter text.

Request Date: Enter a date.

2. Approval Routes

- Immediate Manager: Click or tap here to enter text.
- HR/Compensation Representative: Click or tap here to enter text.
- General Manager/Director: Click or tap here to enter text.
- Vice President: Click or tap here to enter text.
- Safety Department Record Retention: Nichole Gizzi

Note: If you are identified as an approver within the approval route (e.g., Supervisor/Manager or General Manager/Director), your approval step will be automatically skipped, and the request will be routed to the next required approver.

3. Vehicle Information:

- Vehicle Make: Enter Make
- Vehicle Model: Enter Model
- Vehicle Number / Asset ID: Enter Vehicle Number
- License Plate Number: Enter Plate #

4. Duration of Request

- Request Duration of Exception: Choose an item.
- If One-Time or Temporary Request is selected:
 - Start Date: Select Date
 - End Date: Select Date

5. Assigned Vehicle Location Information

- Vehicle's Assigned Location Name: Enter Location Name
- Vehicle's Assigned Location Address: Enter Location Address
- Employee Home Address: Enter Address
- One-Way Distance from Assigned Work Location to Alternate Parking Location (*Miles*): Enter Miles

6. Vehicle Security

- Can the vehicle be securely parked at the proposed storage location? Choose an item.
- Is the vehicle parked in a secure area when not in use? Choose an item.
- Will equipment, tools, or sensitive items be stored overnight? Choose an item.

7. Alternate Parking Request Details

- Proposed Alternate Parking Location Name: Enter Location Name
- Proposed Alternate Parking Location Address: Enter Location Address
- Location Type: Choose an item.
- If Third-Party Property is Selected, Please Provide Additional Details: Click or tap here to enter text.
- Worksite to Alternate Parking Distance (*Miles*): Enter Miles
- Will the alternate parking location reduce commuting distance, travel time, or costs? Choose an item.
 - If Yes, Explain Reduction: Click or tap here to enter text.

8. Personal Use Review

- Will the vehicle be used for personal purposes? Choose an item.
- Provide a clear and detailed explanation of the business justification for limited personal use: Click or tap here to enter text.
- Select anticipated personal use frequency per Month: Choose an item.
- Will mileage records be maintained? Choose an item.
- Employee Certification:
 - ☐ I agree to accurately maintain and provide mileage records upon request, including business and personal use, as required.

9. Primary Business Justification

- Primary Business Justification: Choose an item.
 - If "Other" is selected, please explain: Click or tap here to enter text.
- Provide a clear and detailed explanation of the business need for this request:
Note: *Requests based solely on employee convenience, personal preference, or reduced commuting time are generally not considered sufficient business justification.*

Click or tap here to enter text.

10. Employee Acknowledgement

The employee must acknowledge and accept all statements below before submission. If any acknowledgement is not accepted, the workflow will not proceed.

- ☐ This request is an exception to Mosaic's standard vehicle assignment and parking requirements and requires formal approval.
- ☐ Approval, if granted, is limited to the specific alternate parking location, business need, and purpose identified in this request.
- ☐ Approval of an alternate parking location does not establish entitlement to a take-home vehicle and may be modified or revoked at any time.
- ☐ Unauthorized personal use, deviation from approved parking locations, or misuse of the vehicle may result in disciplinary action and revocation of approval.
- ☐ Approval is valid only for the employee's current role, responsibilities, work location, and business need.
- ☐ Any change in role, responsibilities, work location, or business need requires submission of a new request.
- ☐ The employee is responsible for ensuring the company vehicle is used, parked, and secured in accordance with company requirements.
- ☐ The company may modify or revoke an approved alternate parking location based on business, operational, compliance, or safety needs.
- ☐ Approval may be subject to review by Human Resources, Compensation, Payroll, Tax, and Legal to evaluate potential taxable benefits.
- ☐ The vehicle will not be stored at locations other than those approved in this request.
- ☐ The vehicle will not be routinely parked at an alternate location solely for employee convenience.
- ☐ The vehicle will be secured in accordance with all company requirements.
- ☐ The employee is responsible for promptly reporting any theft, vandalism, damage, or incident involving the company vehicle in accordance with company requirements.
- ☐ The employee agrees to immediately notify their supervisor of any change that may affect the approved alternate parking arrangement, including changes to work location, job responsibilities, vehicle assignment, or parking location.
- ☐ The employee understands that approval of an alternate parking location does not alter their responsibility to comply with the requirements of the Vehicles and Roadway Program, including the safe operation, use, inspection, parking, and security of the company vehicle.
- ☐ The employee understands that the approved alternate parking location may be reviewed periodically to ensure the business need remains valid and the arrangement continues to meet company requirements.
- ☐ The employee understands that approval of an alternate parking location is valid for a maximum of 12 months from the date of final approval and that a new request must be submitted and approved if the alternate parking arrangement is required beyond the expiration date.

☐ I certify that the information provided in this request is accurate and complete to the best of my knowledge.

Employee Signature: _____

Date: _____

11. Manager's Approval

(Skip this section if the requestor is the Immediate Manager. In such cases, route directly to the HR/Compensation Representative for review.)

- ☐ **Approved** - *I have reviewed the request and determined that the documented business needs support approval of this exception. I have considered the associated vehicle security, operational impacts, company vehicle exposure, and potential auto liability risks related to the requested alternate parking arrangement.*
- ☐ **Denied** - *I have reviewed the request and determined that the documented business need does not justify approval of this exception when considering the associated vehicle security, operational impacts, company vehicle exposure, and potential auto liability risks.*

Comments: _____

Manager Name: _____ Title: _____

Signature: _____ Date: _____

12. Human Resources / Compensation Review and Approval

- ☐ **Approved – No Taxable Benefit Identified** - *Reviewed for compensation, payroll, tax, and policy compliance considerations. No taxable benefit has been identified.*
- ☐ **Approved – Taxable Benefit Identified** - *Reviewed for compensation, payroll, tax, and policy compliance considerations. A taxable benefit has been identified, and appropriate payroll reporting and/or tax treatment is required.*
- ☐ **Pending Additional Information** - *Additional information or documentation is required before a determination can be made.*
- ☐ **Denied** - *After review, the request does not provide sufficient business justification or does not meet compensation, payroll, tax, or policy requirements necessary to support approval.*

Comments: _____

Name: _____ Title: _____

Signature: _____ Date: _____

13. General Manager / Director Approval

(Skip this section if the requestor is the General Manager/Director. In such cases, route directly to the Vice President for approval.)

- ☐ **Approved** - *I have reviewed the request and determined that the documented business needs support approval of this exception. I have considered the associated vehicle security, operational impacts, company vehicle exposure, and potential auto liability risks related to the requested alternate parking arrangement.*
- ☐ **Denied** - *I have reviewed the request and determined that the documented business need does not justify approval of this exception when considering the associated vehicle security, operational impacts, company vehicle exposure, and potential auto liability risks.*

Comments: _____

Name: _____ Title: _____

Signature: _____ Date: _____

14. Vice President Approval

- ☐ **Approved** - *I have reviewed the request and determined that the documented business needs support approval of this exception. I have considered the associated vehicle security, operational impacts, company vehicle exposure, and potential auto liability risks related to the requested alternate parking arrangement.*
- ☐ **Denied** - *I have reviewed the request and determined that the documented business need does not justify approval of this exception when considering the associated vehicle security, operational impacts, company vehicle exposure, and potential auto liability risks.*

Comments: _____

Name: _____ Title: _____

Signature: _____ Date: _____

15. Safety Department Record Retention

Upon final approval or denial, forward the completed request and all supporting documentation to:

Nichole Gizzi
Safety Department

for record retention, program administration, and periodic review.

Received Date: _____ Content Server File Date: _____

Approval Date: _____ Approval Expiration Date (12 Months): _____

Safety Department Representative Signature: _____