

CHIEF ADMINISTRATIVE OFFICE
CITY OF NEW ORLEANS



KIM T. DELARGE, JR., MBA
ASST. CHIEF ADMINISTRATIVE OFFICER
OPERATIONS DIVISION

SHELITA STEWART, MBA
CHIEF OF STAFF OF OPERATIONS
J'HUE JOSEPH -FLEET ADMINISTRATOR

TO: All Department

FROM: Kim T. DeLarge, Jr., Assistant Chief Administrative Officer – Operations *KTDjr*

DATE: January 28, 2026

SUBJECT: Implementation Instructions – Return of Take-Home Vehicles

PURPOSE

This memorandum provides implementation instructions for the return of City-issued take-home vehicles in accordance with **CAO Circular Memorandum No. 26-01**, issued by Chief Administrative Officer Joseph I. Giarrusso III.

Effective immediately, take-home vehicle assignments are prohibited except for those positions expressly authorized in the Circular Memorandum. All take-home vehicle assignments not included on the exclusive authorized list have been rescinded.

EMPLOYEES REQUIRED TO TAKE ACTION

Any City employee currently assigned a take-home vehicle **whose position is not authorized** under Circular Memorandum No. 26-01 is required to return their assigned vehicle to the Equipment Maintenance Division (EMD) for formal off-boarding.

VEHICLE RETURN REQUIREMENTS

Return Location:

Equipment Maintenance Division (EMD)
3601 Chickasaw Street
New Orleans, LA 70125

At the time of return, employees must provide:

- The City-issued vehicle
- All vehicle keys and key fobs

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- Fuel card (if assigned)
- Any City-issued equipment or accessories stored in the vehicle

REQUIRED DOCUMENTATION

Attached to this memorandum is the **City of New Orleans (EMD) Take-Home Vehicle Return Checklist**, which must be completed and signed at the time the vehicle is returned. This form documents vehicle identification, mileage, condition, and confirmation of returned City property.

Vehicles will not be fully off-boarded without completion of the attached form.

POST-RETURN PROCESS

Following return of the vehicle:

- EMD will conduct a physical inspection
- Fleet inventory and system records will be updated
- Fuel card access and driver credentials will be deactivated, as applicable
- Vehicles will be reassigned or processed based on operational needs

EMPLOYEE RESPONSIBILITY

Each assigned employee is responsible for the timely return of their take-home vehicle and all associated City property. Failure to comply with this directive may result in administrative action.

QUESTIONS

Questions regarding implementation may be directed to:

Kim T. DeLarge, Jr., MBA
Assistant Chief Administrative Officer – Operations
(504) 658-8672

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City of New Orleans (Equipment Maintenance Division (EMD))

Take-Home Vehicle Return Checklist

Vehicle Identification (Required)

- **Asset ID / Unit Number:** _____
 - **Vehicle Identification Number (VIN):** _____
 - **License Plate Number:** _____
 - **Make / Model / Year:** _____
-

Employee Information

- **Employee Name:** _____
 - **Employee ID:** _____
 - **Job Title:** _____
 - **Department:** _____
 - **Supervisor Name:** _____
-

Assignment & Return Details

- **Date Vehicle Assigned:** _____
 - **Date Vehicle Returned:** _____
 - **Mileage at Return:** _____
-

Reason for Vehicle Return

- Separation from City Service
- Transfer to Another Department
- Change in Job Duties / No Longer Eligible
- Revocation of Take-Home Privileges

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- Vehicle Reassignment / Replacement
 - Other (explain): _____
-

Vehicle Condition Assessment

(Completed by EMD or designee)

- Interior clean
- Exterior clean
- No visible body damage
- No warning lights illuminated
- Tires in acceptable condition
- Vehicle operable
- City decals / markings intact
- Telematics / GPS equipment intact

Observed Damage or Mechanical Issues (if any):

Keys, Cards & Equipment Returned

- Vehicle keys
 - Key fob
 - Fuel card
 - Toll tag (if applicable)
 - Spare tire & jack
 - Safety equipment
 - Assigned tools or accessories
 - Other: _____
-

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Outstanding Issues

- None
 Yes (describe):

Employee Certification

I certify that I have returned the City-owned vehicle identified above (by **Asset ID and VIN**) along with all assigned equipment in accordance with City of New Orleans policy. I acknowledge that all City-owned vehicles must be returned directly to EMD for off-boarding processing.

Employee Signature: _____

Date: _____

EMD Acceptance

EMD Representative Name: _____

Title: _____

Signature: _____

Date: _____

Internal Processing (EMD Use Only)

- **RTA Updated:** Yes No
- **Fleet Inventory Updated:** Yes No
- **Fuel Card Deactivated:** Yes No
- **Individual Driver Fuel Card PIN Deactivated:** Yes No
- **Fuel Card Access Credentials Revoked (if employee no longer employed by the City of New Orleans):** Yes No

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- **Telematics / System Access Updated or Removed:** Yes No

Processed By (EMD): _____

Date: _____

City of New Orleans Take-Home Vehicle Add/Delete/Change Form

This form is to be completed by each employee authorized to operate a take-home City Vehicle, as well as for deleting authorizations **and for making any changes to take-home status**. The form must be signed by both the employee and the appointing authority, forwarded to the Chief Administrative Office for approval, and the returned copy placed in the employee's personnel folder. The employee and the appointing authority will also be required to complete a Deduction Update Form, available from Human Resources, to begin or end the payroll deductions for take-home vehicle usage.

What is the purpose of this authorization? (Add, Change, or Delete?) _____

Employee Information

Employee Name: _____ Employee SSN or City ID Number: _____

Employee Address (Street, City, State, and Zip Code):

Employee Department: _____ Department Org. Code: _____

Vehicle Information

City Vehicle ID/Asset Number: _____

Year: _____ Make: _____ Model: _____

License Plate Number: _____ Odometer Reading: _____ Color: _____

To add authorization: employee must initial next to all questions below. **Failure to complete may terminate vehicle privileges.**

_____ I acknowledge receipt of the current CAO Circular Memorandum regarding the Take-Home Vehicle Personal Use Charge.

_____ I acknowledge that I have been authorized to use a City-owned vehicle and that I am authorized to take such vehicle home.

_____ I hereby authorize payroll deductions as specified by the current CAO Circular Memorandum governing the Take-Home Vehicle Personal Use Charge.

_____ **I hereby declare that the one-way driving distance from my actual domicile to my Department's headquarters is _____ miles.**

Employee Signature: _____ Date: _____

Appointing Authority Approval/Signature: _____ Date: _____

Date this addition, deletion, or change(s) will take effect: _____

To be completed by the Chief Administrative Office

Reviewed by: _____

Date: _____