



DRIVER STATUS NOTIFICATION-Return form to tbrooks@tcsedsystem.edu

FORM TO BE COMPLETED AND SIGNED BY BOTH SUPERVISOR & EMPLOYEE.

- New Hire** (Please attach a current photocopy of Driver's License)
- New Driver** (Please attach a current photocopy of Driver's License)
- Other Status Change** (complete employee name and all information that has changed)

GENERAL INFORMATION (To be completed by Employee)

Last Name	First	Initial	Employee Number
Date of Birth	Department		
Hire Date / /	Student Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Termination Date / /	

LICENSE INFORMATION

Driver's License Number	State	Class	Expiration Date / /
Restrictions on License			

VEHICLE USE (To be completed by Supervisor)

Frequency of vehicle use *within the scope of employment*. Mark ONE choice for **each** line.

University owned or rented vehicles: R P I N MARK

Personally owned vehicle: R P I N BOTH

R - Regular use: weekly or more frequently
P - Periodic use: one or more times monthly (at least 10 times per year)
I - Incidental use: less than once a month (less than 10 times per year)
N - Not operated within the scope of employment

Will this driver be *employed* for more than 30 days within the next *12 months*?

Yes No

Check the vehicle types that you have authorized this driver to operate *within the scope of employment*.
NOTE: The Supervisor is required by Vehicle Code to maintain this listing in their departmental files.

Private passenger auto **Other (specify):**
 Van - Utility
 Van - to 9 passenger
 Van - to 15 passenger

CERTIFICATION

I have been advised and consent that:

- (1) The University may obtain copies of my Driving Record directly from the DMV or other sources;
- (2) I must maintain an acceptable driving record as a condition of continued employment;
- (3) In order to be permitted to drive a personal vehicle within the scope of employment on a Regular basis I must provide my supervisor with proof that I carry auto liability insurance of at least \$50,000/\$100,000/\$50,000 or \$100,000 CSL.

Signature of EMPLOYEE	Date / /
Signature of SUPERVISOR	Date / /