

Use of School Board Vehicle Form

Name:

(Print) Last, First, MI

Reason for Use

School/Department:

Position:

FL Drivers License No. (below)

Issue Date:     \_\_\_/\_\_\_/\_\_\_

Expiration Date:     \_\_\_/\_\_\_/\_\_\_

Attach Copy of DL here.

Safe Driver Plan:

All Drivers of Board owned or leased vehicles are subject to random drug testing.

Statement:

I \_\_\_\_\_ have given a copy of my license and have had my name added to the Random Drug Testing list. ( Yes ) ( No )

If circled NO the employee may not be authorized to use a vehicle.

I \_\_\_\_\_ have received a copy and acknowledge Putnam School District Policy and Procedures regarding the use of District owned/leased vehicles.

# Putnam County School District

## Safe Driver Plan and Vehicle Use Acknowledgement of Receipt

Print your full legal name as it appears on your SS Card:

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I hereby acknowledge receipt of a copy of the Safe Driver Plan established by the District School Board of Putnam County in regards to driving convictions and District regulations. I have read the Safe Drivers Plan, it has been explained to me, and I do understand the contents of the plan.

And I have received a copy of the Procedures for use of School Board owned/Leased Vehicles.

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Driver Signature

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Date

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Distribution:

Transportation Director

revised 2/23/17 (rdp)