

Use of School Board Vehicle Form

Name:

<p>(Print) Last, First, MI</p> <p>School/Department:</p> <p>Position:</p> <p>FL Drivers License No. (below)</p> <p>_____</p> <p>Issue Date: ___/___/___</p> <p>Expiration Date: ___/___/___</p> <p>4 Digit Pin to fuel Pin: _____</p>	<p>Reason for Use</p>
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(if applicable)

Vehicle Assigned _____

(if applicable)

Attach Copy of DL
here. (color) →

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.