AUTHORIZATION FOR EMPLOYEE USE OF PRIVATE VEHICLE FOR STUDENT TRANSPORTATION

Name of Driver: _____

Position: _____ Work Location: _____

Name of School: _____ Telephone: _____

This Authorization is in effect for the _____ until _____ academic year unless revoked in writing by the Site Administrator or designee.

General Description of Transportation Needs at the School:

_____

_____

_____

_____

☐ I have provided the Site Administrator with a copy of my current automobile insurance.

☐ I have provided the Site Administrator with a copy of my valid California driver's license.

Driver's Signature: _____ Date: _____

Site Administrator/Designee Printed Name: _____

Site Administrator/Designee Signature: _____ Date: _____

No collision or comprehensive coverage is provided by the District for an employee's private vehicle whether owned, leased, or borrowed. The District does not pay for damage to the employee's vehicle. Additionally, the automobile liability insurance carried on the employee vehicle shall always be primary in the event of an accident resulting in property damage or bodily injury to another party. Beyond that, any additional liability coverage for a District employee depends on whether the private vehicle use falls within the course and scope of an employee's designated employment.

***Routing**: Please submit the form to the Site Administrator/Designee after completion.*