

Nevada System of Higher Education (NSHE)

Western Nevada College (WNC)

Employee Driver s Acknowledgement Form/Work Related Business

Drivers License:

I understand that I must maintain a current valid driver s license.

I understand that I am required to inform my department/division supervisor of any changes in my driving status, specifically a suspension, cancellation or revocation of a license within 24 hours or the next business day from the date of the action.

Safety:

I agree to wear a seat belt at all times during vehicle operation and will require passengers to wear seat belts.

I agree to only use a cell phone in hands

I understand that if I have one or more at-fault traffic accidents during the course of performing my job duties that I may be required to take a defensive driving refresher or a regular class within 3 months of the accident.

I understand that if I have more than one at fault accident while working in a one year period of time, I may be asked to obtain a copy of my motor vehicle driving record and submit it for review prior to being allowed to continue to operate a motor vehicle for work purposes.

General:

I agree not to smoke or allow passengers to smoke in a NSHE-owned vehicle.

Driver s License # _____ State
_____ Expiration Date _____

PLEASE PROVIDE COPY TO EMPLOYEE

EMPLOYEE SIGNATURE _____
Date _____

SUPERVISOR SIGNATURE
