

**Yreka Union School District
Request for Use of District Vehicle**

(To be completed by Employee)

Date of Request: _____

Employee: _____

Grade or Dept: _____

Destination: _____

Date of Travel: _____

Purpose: _____

Number of Passengers: _____

Time of Departure from School/District: _____

Time of Return to School/District: _____

Employee Signature: _____

Approving Official: _____