



TAKE HOME VEHICLE AUTHORIZATION FORM

Form 3-303.A

Employee Name: _____

Department: _____

Position: _____

Residential Address: _____

Meets Residency Requirements: Yes No

The following criteria apply:

- Employee Responding to Emergencies
- Employee Reporting to Non-District Worksite or Irregular District Worksite
- Employee on On-call or Stand-by Status During Off-Hours

Vehicle Make/Model: _____ Unit Number: _____

ACKNOWLEDGEMENT

I understand the District's Business and Personnel Transportation Policy (3-303) and the District's Vehicle Take Home Procedures (3-303.A) and agree to follow the expectations at all times.

Employee's Signature

Date

DEPARTMENT APPROVALS

Recommend Approval Denial

Supervisor Signature

Date

Recommend Approval Denial

Exec. Director of School Safety & Emergency Management Signature

Date

Return completed and approved form to the Department of School Safety & Emergency Management.