

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-free mode or while parked and will not text while driving.

I understand that I must not drive a vehicle for work-related business if I am impaired (use of prescription drugs, ill, sleep deprived or under the influence of alcohol or illegal drugs).

I agree to take a Defensive Driving Class offered by National Safety Council, NSHE or the State including N.E.A.T.S at no cost to me once every four years.

Accidents:

I understand that if I am involved in a vehicle accident while on work related business that I must report it to my immediate (or available) supervisor and the BCN Risk Management Office immediately and within 2 hours, or if hospitalized or in a remote location, as soon as possible, and that I may be required to submit to an alcohol and drug test.

I agree to follow the instructions related to a vehicle accident and 3rd party involvement pursuant to the instructions maintained in the glove box of the NSHE-owned vehicle, including calling the police to initiate a report.

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.

I understand that I am not authorized to utilize a NSHE or State-owned vehicle for personal use.

I understand that passengers not related to formal NSHE business activities are not allowed in NSHE-owned vehicles.

I understand that I will be responsible to pay for any driving or parking citation, regardless if it is received while driving a university vehicle or my personal automobile, while conducting university-related business.

Personal Vehicle Use:

I understand that if I use my personal automobile for NSHE-related business, it must be legally registered and insured and maintained in a safe operating condition. I understand that NSHE has no insurance to cover damages to my personal automobile and that my personal automobile insurance is primary in the event of an accident while on work-related business and that the mileage rate allowed is intended to compensate for insurance and maintenance costs of my personal vehicle. In addition employees driving their personal vehicle must take defensive driving classes as defined under safety above.

Last Name (Print) _____

First _____ Middle Initial _____

Driver's License # _____ State
_____ Expiration Date _____

PLEASE PROVIDE COPY TO EMPLOYEE

EMPLOYEE SIGNATURE _____
Date _____

SUPERVISOR SIGNATURE
