



# DIXON UNIFIED SCHOOL DISTRICT

District Vehicle	___
Personal Vehicle	___

## EMPLOYEE AUTOMOBILE USE FORM

(To be Returned to Human Resources [**or Risk Management**] with Required Supporting Documents)

There may be times when you may want or need to operate your personal vehicle, or a District-owned vehicle, in performing your job functions. Before you operate any vehicle on District-related business (excluding vehicles requiring a Commercial Class A, B, or special C licenses, involving your primary job function), you must (i) return this Form, (ii) provide the required information, (iii) agree to all District safety requirements, and (iv) obtain the District's written authorization. Once this Form is signed and authorization is obtained, you will not need to submit another Form absent a change in law or District policy. You will, however, need to provide updated driver's license and insurance information to ensure compliance and authorization.

<b>Name of Employee:</b>	
<b>Calif. Driver's License No. &amp; Exp. Date:</b>	
Vehicle(s) Year/Make/Model:	
Vehicle(s) License Plate No.:	
Insurance Carrier:	
Policy Number and Expiration Date:	
Liability Coverage Limits:	

(You May Omit Vehicle/Policy Info. if you are only requesting an authorization to operate a District-Owned Vehicle)

**Provide this Form with a photocopy of your current and valid (a) Driver's license and (b) Insurance Policy Declarations Page (if needed) to [Human Rel./Risk Mgt/Trans.].** By signing this Form, you authorize the District at any time to (a) obtain your driver record history and license and vehicle registration status (you may be included in the automated DMV pull notice program, for which you may need to sign a INF 1101 form), (b) conduct a criminal background check, and (c) contact your insurance company to confirm your insurance status. Your driving authorization will be automatically revoked if you do not provide updated driver's license, your driver's license is revoked, suspended or restricted, or your insurance coverage lapses. If this authorization is revoked, and you must drive a personal vehicle as part of your regular job functions, the District will also evaluate whether disciplinary or other employment actions are reasonable or necessary in keeping with District policies and procedures.

Pursuant to Ins. Code § 11580.9(d), **your insurance coverage is primary** for any accident arising from the ownership, maintenance or use of your vehicle. The District's liability coverage will apply, if at all, only after your insurance coverage is exhausted. The District does not cover, nor is the District responsible for, comprehensive, uninsured motorists, or collision coverage for your vehicle.

If the District believes that during work hours you might be under the influence of alcohol, drugs, or medication impairing your ability to safely operate a vehicle or perform the essential functions of your job, the District reserves the right to immediately revoke or suspend this authorization and/or require you to submit to testing to determine whether this authorization should be revoked or suspended. Refusal to participate in testing will result in the immediate revocation of this authorization. As a condition of authorization, you may also be required to successfully complete a safe or defensive driving course.

### VEHICLE SAFETY AND TRANSPORTATION PROCEDURES AND REQUIREMENTS

I will not operate an automobile while impaired, whether due to alcohol, drugs (prescription or nonprescription), lack of sleep, or distraction of any kind. I will at all times comply with California law regarding proper operation of the Vehicle (including seat belt/booster seat laws when transporting students), including compliance with all speed limits and posted signs and placards. I will also comply with additional District instructions regarding driving routes (no unapproved deviations or personal errands), parking locations, and safety or security directions. I will not operate a vehicle that I believe may be mechanically unsafe or that may become unsafe due to weather or other conditions. My vehicle(s) may be inspected by District representatives.

I would be violating District policy, which may take me out of the scope of my employment and/or subject me to discipline, if I operate a vehicle in a manner likely to violate these requirements. If I use my vehicle to attend a meeting or event as an officer or director of another organization, and as a District representative, I may be acting in a joint or dual capacity. If I attend a meeting or event in a capacity that is not sponsored by the District (dues, fees, mileage, etc.), which is not required of my job, or which is not otherwise expressly approved by the District, the District shall not be liable for any resulting harm or injury I may cause, nor would I be entitled to workers' compensation benefits, because I will not be within the course and scope of my employment.

_____ <b>Printed Name</b>		_____ <b>Signature</b>		_____ <b>Date</b>	
_____ <b>Date Rec'd:</b>	_____ <b>Rec'd By:</b>	_____ <b>Approved By:</b>			