

GREAT BASIN COLLEGE
Employee Driver's Acknowledgement Form/Work Related Business

Driver's License:

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

I understand that I am required to inform my department 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 GBC, NSHE or the State 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 GBC Safety & Security (775.934.4923) or Human Resources Office **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 GBC/NSHE-owned vehicle.

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

I understand that passengers not related to formal GBC/NSHE business activities are not allowed in GBC/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 college vehicle or my personal automobile, while conducting college-related business.

Personal Vehicle Use

I understand that if I use my personal automobile for GBC/NSHE-related business, it must be legally registered and insured and maintained in a safe operating condition. I understand that GBC/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.

Last Name (Print) _____ First _____ Middle Initial _____

Driver's License # _____ State _____ Expiration Date _____

EMPLOYEE SIGNATURE _____ Date _____

SUPERVISOR SIGNATURE _____ Date _____

Original Signed Form to Controller's Office, PLEASE PROVIDE COPY TO EMPLOYEE