

CAL POLY ENVIRONMENTAL HEALTH & SAFETY

REQUEST TO OPERATE VEHICLES ON UNIVERSITY (STATE) BUSINESS

REQUESTOR INFORMATION *(Print legibly or type)*

PHOTOCOPY OF DRIVERS LICENSE IS REQUIRED TO ACCOMPANY THIS FORM

UNIVERSITY STATUS

PLEASE CHECK APPROPRIATE BOX(s) :

Requestor Name: _____
LAST FIRST M

Department: Student Life & Leadership Campus email: _____ @calpoly.edu

CA Driver's License No.: _____ Expiration Date: _____

Requestor Birth Date: _____

Requestor Campus Phone #: 6- _____ Other Phone #: _____

- University Faculty or Staff
- University Van Pool Driver
- University Student Asst. (*In dept. driving for)
- Identified Volunteer – **HR Form V-1 must be completed and attached**
 - Corporation employee
 - ASI employee
 - Other

REQUESTOR CERTIFICATION

I certify that:

1. I am in possession of a valid California or other State driver's license (see attached copy). I have not been issued more than three moving violations or have been responsible for more than three accidents (or any combination of more than three thereof) during the past twelve-month period. I authorize Environmental Health & Safety to request a copy of my driving record from the CA DMV to confirm.
2. Operation of any vehicle on University (state) business will be in compliance with applicable laws, policies, regulations and safety requirements.
 - [CSU Use of University and Private Vehicles Policy Guidelines](#) are available on the web at [CSURMA Policy Guideline](#)
 - California Department of Motor Vehicles Handbooks are available at [DMV Handbooks](#)
3. If authorized to operate a vehicle on University (state) business at least once per month regularly through out the fiscal year, I will complete the on-line, University Defensive Driver Training Program, upon notification of my ID and password supplied by Risk Management, (renewable every four years).
4. Vehicles owned, leased or rented by the University will only be used on University business.
5. Separate authorization will be obtained for use of personal vehicles on University business. (See [Form 261](#))
6. Vehicles rented for use on University (state) business will be rented through State or University contracts worldwide, if available. (See [State Travel](#))
7. Any accident in a vehicle being driven on University business will be reported as soon as possible or within 24 hours to Risk Management, (805)756-6755, nights, weekends, and holidays report to University Police, (805) 756-2281.
8. Drivers of vehicles being driven on University Business will file a completed report of Vehicle accident STD 270 with Risk Management within 48 hours. Detailed information and forms can be found at <http://www.afd.calpoly.edu/cprm/vehicleaccident.asp>.

Requestor's Signature: _____

Date: _____

SUPERVISOR'S AUTHORIZATION

The above named University employee is required to operate vehicles on University (state) business *(please check one box)*:

- more than once a month no more than once per month

I have verified that this applicant possesses a valid California or other State driver's license of appropriate class and I have verified the applicants UNIVERSITY STATUS as checked above.

Authorized By: *Ken Barclay* Date: _____
Signature

Print/Type Name: Ken Barclay Dept. Bldg. & Rm #: 65-217

Print/Type Title: Director, Student Life & Leadership Dept. Phone: 6- 5841

Upon completion of this form, please submit to Environmental Health & Safety, Bldg. 80. EH&S will notify the supervisor if the DMV record does not meet the established criteria for an approved University driver.

Information Security Notice: This document contains Level 1 confidential employee information. Completed forms should NOT be retained in the originating department and must be handled pursuant the Cal Poly Information Classification and Handling Standard.

NOTE: This form is to be completed each year by any employee who will be driving a private vehicle on official State business and a **kept on file the employees department**

**AUTHORIZATION TO USE PRIVATELY OWNED VEHICLE
ON OFFICIAL UNIVERSITY TRAVEL**

Name of Driver: (last, first, mi): _____
Driver's License # _____ State: _____ Expiration Date: _____
Vehicle License # _____ Name of Registered Owner: _____
Name of Insurance Carrier: _____

I. Certification

In accordance with State Policy (S.A.M. 0754) approval is requested to use privately owned vehicles to conduct Official State business.

I hereby certify that, whenever I drive a privately owned vehicle on State business I will have a valid driver's license in my possession, all persons in the vehicle will wear safety belts, and the vehicle shall always be:

1. Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage).
2. Adequate for the work to be performed.
3. Equipped with safety belts in operating condition.
4. To the best of my knowledge, in safe mechanical condition as required by law.

I further certify that I have no outstanding traffic warrants and I have not been issued more than two moving violations or been responsible for more than one at fault accident during the last three years.

I further certify that while using a privately owned vehicle on official State business, all accidents will be reported to the University and a form Std. 270 completed and filed within 48 hours of the accident (S.A.M. 2541).

I understand that in the case of an accident my personal vehicle insurance will be the primary coverage and that only secondary coverage will be provided by the State.

I further understand that permission to drive a privately owned vehicle on State business in a privilege, which may be suspended or revoked at any time.

Signature

Date

DEFINITION: A volunteer is an individual who performs work or provides services to the University **without remuneration of any kind**. Volunteers must meet any license requirements and CSU requirements for defensive driver training and a good driving record in order to operate any vehicle on University business for their assignments. Volunteers who have been approved by Human Resources may be covered by the University's workers' compensation and liability coverage programs. **All forms must be on file prior to the effective date of the volunteer assignment.**

Section I: Position Information to be Completed By Department

College/Division: Student Affairs	Department: Student Life & Leader.	Supervisor Name / Title: Stephan Lamb/ Associate Director	Supervisor Ext: 6-6509
Volunteer Name (Last, First, MI):	Volunteer Job Title: Designated Club Driver	Effective Date: <small>(VI form needed for each fiscal year)</small>	End of Assignment: <small>(duration NOT to overlap fiscal years)</small> 6/30/11

Volunteer Status:
 Current Cal Poly Employee: ASI Corporation State Cal Poly Student (*not* being paid for this assignment) Community Member

Summary of Duties (Duties of the volunteer assignment must not coincide with any non-exempt Cal Poly position the person may currently hold.):

Operate vehicles to transport equipment, materials, club members, and self as specified on club travel forms as needed.

Will the volunteer be listed as the "Instructor of Record" on the Schedule of Classes? NO YES List course(s) to be taught: _____
 - If yes, completion of the "AP101" form is also required - contact Academic Personnel (6-2844) for additional instructions.

Volunteers not identified above as the "Instructor of Record" who need access to Cal Poly's information and technology resources must complete the [Affiliated Person Account Request Form](#) and adhere to its [written agreement](#).

Is a Professional License or Certificate required to perform these duties?: NO YES List: _____

Fingerprinting / Background required: NO YES (If yes, contact Human Resources (6-2236) for process information and Insert Chart Field String: _____
Fund Dept ID Acct Prog Proj Class

Temporary ID Card authorization: NO YES (for Community Members only) *Who is eligible for a PolyCard?*

Will the volunteer drive a State vehicle on University business? NO YES (complete the "Request to Operate Vehicles" form)
 Will the volunteer drive a personal vehicle on University business? NO YES (complete both the "Authorization To Use Private Vehicle" and the "Request to Operate Vehicles" forms)

Will the volunteer travel on University business? NO YES (may be entitled reimbursement per the [Travel Guidelines](#))
 Is this assignment strictly for the purpose of driving a personal, leased, or University owned vehicle on official university business (e.g. field trip) NO YES

Is the volunteer over the age of 18? YES NO (If no, must comply with provisions below and provide date of birth (MM/DD/YYYY): _____)
 - Minors **must** obtain certificates of age or permits to work *prior* to the appointment date and [work hour limitation apply](#).
 - Minors performing delivery work **must** do so by foot, bicycle and public transportation.
 - Minors may **NOT** work in occupations that involve power machinery, kitchen work, and certain work in connection with the maintenance of cars, trucks, machines or equipment, or work in warehouses.

Section II: Information to be Completed By Volunteer

Preferred Name (Last, First, MI):	Telephone Number:	Address:	City:	State / Zip
Emergency Contact (Last, First, MI):	Telephone Number:	Address:	City:	State / Zip

Are you receiving academic credit* for volunteering? NO YES List course: _____
 Have you ever been convicted of a misdemeanor or felony as an adult? NO YES
 If yes, please list circumstance(s) and date(s): _____

* Students enrolled in CSU Nursing, Allied Health, Social Work, or Education credential programs are typically covered by the Student Professional Liability Insurance Program.

Volunteer Acceptance Statement and Signature:

This is to acknowledge that I desire to volunteer my services, performing the duties listed above, and that those services rendered by me will be at the direction of the above named supervisor and will not coincide with any non-exempt Cal Poly position that I hold. I understand that I will not be compensated for these services. Further, I acknowledge that I serve at the pleasure of my supervisor.

Signature of Volunteer: _____ Date: _____

Section III: Signature Authority

Department Head / Designee on file (Print): Ken Barclay - Director, Student Life & Leadership	Dean / Division Head (Print): Cornel N. Morton - Vice President, Student Affairs
Signature:	Signature:
Date: 7/28/10	Date: 7-28-10

Department signatures certify form completion. Make copy for the volunteer and departmental files. Send original completed form to Human Resources (Administration Building, Room 110). **Incomplete forms will not be accepted** and will be returned to the department. **All forms must be on file prior to the effective date of the volunteer assignment.**