UNIVERSITY OF WISCONSIN OSHKOSH

EMPLOYEE VEHICLE USE AGREEMENT

I acknowledge that I have read a copy of the UW Oshkosh Fleet Policies and Procedures handout and understand the UW Oshkosh specific fleet policies and procedures.

As a condition of my using a University vehicle, I agree to a check of my driving record. I also understand that my driving record will be checked monthly.

I agree to inform my supervisor and the University Fleet Department whenever any negative change in the status of my driving record may occur, such as license revocation, restriction, or suspension. I understand that any negative change in the status of my driving record may result in the revocation of the privilege of driving a University owned vehicle.

I further understand that the use of a University vehicle by me if I am under the influence of alcohol or drugs is strictly forbidden. Family members may not ride in fleet or work vehicles. Fleet or work vehicles are not to be used for non-University business mileage. Any such vehicle use by me will be considered a violation of work rules and may subject me to a disciplinary action up to and including discharge.

Driver's Name (please print): _____

Driver's License No: _____ Date of Birth: _____

Driver Signature: _____Driver EMAIL: _____

Dept. Head (print): _____ EMAIL: _____ Signature: _____

Date: _____ Phone: _____ Department: _____

Do not write below this line - Fleet Vehicle Office use only

Approved: _____ Denied: _____ Reason: _____

_____

Fleet Vehicle Dispatcher: _____ Date: _____