

Employees are to use this form to notify their supervisor of activities that may affect their eligibility to operate a motor vehicle for College business. Employees who drive on College business are to disclose receipt of the above charges by submitting Driver Notification Form no later than the workday following the charges.

DRIVER INFORMATION			
Name		Department	
Date of Accident		Frequency of driving on state business <input type="checkbox"/> Weekly or more often <input type="checkbox"/> Infrequently	
REPORTED ACTIVITY (Select all that apply)			
<input type="checkbox"/> I received a traffic citation while driving on college business			
Date received			
Charge			
<input type="checkbox"/> I was involved in an on-the-job accident while driving on College business			
Date of accident			
Any injuries?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Any property damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> My driver's license has been (select one)			
<input type="checkbox"/> Suspended		<input type="checkbox"/> Revoked	<input type="checkbox"/> Expired
		Date of Action	
<input type="checkbox"/> I was charged with the following (select all that apply)			
<input type="checkbox"/> Driving Under the Influence			
<input type="checkbox"/> Driving While Intoxicated			
<input type="checkbox"/> Leaving the Scene of an Accident			
<input type="checkbox"/> Refusal to take a Chemical Test for Intoxication			
<input type="checkbox"/> Aggressive Driving*			
<input type="checkbox"/> Exceeding the Speed Limit by more than 19 mph*			
*Only if conviction would result in more than 10 points accumulated on the driving record.			

I understand that this notification may affect my eligibility to drive on College business. I may be required to view a driver safety video and successfully complete a defensive driving course, and I may be subject to other appropriate action.

Signature

Date