



Tuscarora School District
100 West Seminary Street
Mercersburg PA 17236

TSD DISTRICT VEHICLE USAGE SIGN OFF SHEET

1. I, _____, have provided a copy of my valid driver's license to the Transportation Department for the purpose of being permitted to drive a district vehicle as occasion may demand. I will also provide the last four digits of my social security number in the boxes below in order to gain access to the Wex gas card for fueling purposes.

Employee/Driver Initials _____

2. I give permission for the Tuscarora School District to access my driver history record and I understand my driver history record will be maintained on file in the Transportation office in accordance with district policies 360, 460, 560 and 710.1.

Employee/Driver Initials _____

3. I understand district policies 360, 460, 560 and 710.1, including the Driver Acceptability Matrix are available to me via the district's website and it is my responsibility to review them prior to signing off on this sheet.

Employee/Driver Initials _____

4. I have received, read, understand and will abide by the TSD District Vehicle Usage Criteria and Guidelines in its entirety.

Employee/Driver Initials _____

Driver's Signature Date

--	--	--	--

Last 4 SS#

Transportation Director Date

Mr. Rodney N. Benedick Superintendent Voice 717.328.3127	Dr. Marcia D. Stokes Business Manager Fax 717.328.9316	Loretta A. Martin Board Secretary www.tus.k12.pa.us
--	--	---