

Louisiana State University
DRIVER AUTHORIZATION FORM
for Employee's Use of Personal Vehicle for University Business

Driver authorization is necessary if an employee's written job description requires the employee to use his or her personal vehicle to conduct University business. Authorization is to be updated annually or when there is a change to the driver's license class, driving restrictions, or state of issuance.

Return completed form to: *LSU Office of Risk Management, 253 LSU Alumni Center, Baton Rouge, LA 70803*

Employee Driver's Name _____ Driver's License Number _____
Work Phone _____ License Issuing State _____
Work Email _____ Class License _____
License Expiration Date _____

Required LSU Driver Training Course Completion Date (MM/DD/YY): _____

Employee ID _____ Job Title: _____
Position: Faculty ___ Staff ___ Graduate Assistant ___ Student Worker ___ Other (describe) ___

Department _____ Dept. Code (first 5 digits) _____
Dept. Address _____

Provide reason why employee is required to use a personal vehicle (as found in his/her written job requirement):

DEPARTMENTAL APPROVAL *(to be signed by department director/head or designee)*

By signing this form, the department verifies that the above employee is approved by the department to drive their Personal Vehicle on behalf of the department for University business. The department also verifies that the employee has been made aware of LSU's vehicle use guidelines and accident reporting requirements (which can be found on the Office of Risk Management's website: www.lsu.edu/riskmgt/vehicleuse/procedures.php)

Printed Name _____ Signature _____ Date _____
Position Title _____ Work Phone _____ Work Email: _____

EMPLOYEE ACKNOWLEDGEMENT for USE of PERSONAL VEHICLE for UNIVERSITY BUSINESS

This is to certify that if authorized to drive my personal vehicle on University business, I will maintain at least the minimum vehicle liability coverage required by state law. Further, I acknowledge I will follow the University's vehicle use and accident reporting requirements; and I agree to notify my dept. should any of the following change on my license: state of issuance, license class, or driving restrictions. I authorize LSU to obtain my Official Driving Record (ODR) as necessary to verify that my driving license and driving record meets LSU's standards for drivers.

Employee Signature _____ **Date** _____

LSU STATEMENT OF AUTHORIZATION

By executing this document, I confirm that I have reviewed the above employee's official driving record and verified completion of the required driver training course, and do hereby authorize this individual to operate his/her personal vehicle to conduct University business.

Name _____ Position Title _____ Signature _____
LSU Office of Risk Management **Date of Authorization** _____