

MVR EMPLOYEE PERMISSION LETTER

It is understood that my job position requires (or may require) me to drive a University owned vehicle or my own vehicle on University business. I understand the insurance company writing Franklin Pierce's automobile insurance requires a copy of my current driving record to assess my insurability. I also understand that I have the right to see a copy of my Motor Vehicle record.

By this letter, I hereby authorize Franklin Pierce's automobile insurance company and/or its agent to obtain my necessary motor vehicle records and authorize that a copy of my records be sent to my employer. I also understand that I must have a minimum of three years driving history in order for my Motor Vehicle Record to be obtained.

Lastly, I authorize Franklin Pierce University to run annual motor vehicle checks on my driver's license which will be reviewed internally and with Franklin Pierce's automobile insurance company to determine that I hold a valid driver's license and that my driving record is within the parameters set by Franklin Pierce and Franklin Pierce's automobile insurance company.

Name: _____ Phone Number: _____

Address: _____

Franklin Pierce email address: _____

DL Number: _____ State: _____ Exp: _____

Date of Birth: _____ SSN: _____ - _____ - _____

Date of original driver's license: _____

Department that you will be driving for: _____

Signature: _____ Date: _____

Letter must be signed by the employee and kept in your employee file.

Policy Title: Cellphone Use Policy
Section: Risk Management Policies
Effective Date: November 1, 2019
Next Review Date: October, 2020
Responsible Department/Division: Human Resources and Risk Management

- I. **Purpose:**
This policy outlines the use of cellphones and their safe use by employees while driving.
- II. **Scope:**
This policy applies to all faculty, staff and students of Franklin Pierce University driving university vehicles and/or on behalf of the University.
- III. **Policy:**
All employees are expected to follow applicable local, state and federal laws and regulations regarding the use of cellphones while in vehicles at all times.

Employees are expected to refrain from using their phone while driving; use of a cellphone while driving is not required by the University. Safety must come before all other concerns. Regardless of the circumstances, including slow or stopped traffic, employees are required to use hands-free operations or pull off to the side of the road and safely park the vehicle and turn the car off before placing or accepting a call. Employees are encouraged to refrain from discussion of complicated or emotional matters and to keep their eyes on the road while driving at all times. Special care should be taken in situations where there is traffic or inclement weather, or the employee is driving in an unfamiliar area.

It is strictly prohibited to read or send text messages while driving.

Employees who are charged with traffic violations resulting from the use of their phone while driving will be solely responsible for all liabilities that result from such actions.

- IV. **Consequences for Violators**
Employees violating this policy will be subject to discipline, up to and including termination of employment.
- V. **Employee Acknowledgement:**
The undersigned employee acknowledges that they have read the cellphone use policy and agrees to comply with all terms of the policy.

Employee Signature

Date

SHUTTLE SAFE DRIVING TESTING

In order to be able to drive a shuttle for Franklin Pierce University, you will need to complete four online trainings.

- 15-Passenger Van Safety
- Defensive Driving
- Distracted Driving
- Van Safety

I, _____ acknowledge that it is my responsibility to complete the Shuttle Safe Driving Tests. You will be sent an email from Safe College with a link and instructions on how to complete these trainings.

I understand and acknowledge that the mandatory online trainings on Shuttle Safe Driving must be completed within 7 days from when you completed the MVR Employee Permission Letter. Once the training is complete, I am responsible for downloading the certificates of completion and forwarding them to Human Resources Department at hrdept@franklinpierce.edu. I am aware that if I need access to a computer to complete the online training a computer will be made available to me.

Signature

Date

Human Resources Use Only

Training Links sent: ____ / ____ / ____

Transportation Notified: ____ / ____ / ____

Results received: ____ / ____ / ____

Revision Date: 8/28/19