**Florida SouthWestern State College Driver Agreement**

I understand that operating a vehicle on College Business is a privilege. I also understand that driving my personal vehicle in the safest manner possible while conducting College Business is of the upmost importance.

Accordingly, I agree to obey the following rules for operating any vehicle on College Business.

1. I will obey all local, state, and federal laws while operating a vehicle on Company Business. This includes following laws pertaining to cell phone use while driving an automobile as well as ensuring that everyone in the vehicle wears seat belts.
2. I will use safe driving principles, practices, and techniques at all times.
3. Smoking is not permitted in a College vehicle at any time.
4. I must have a valid driver's license at all times while I operate a College Vehicle, a rented vehicle or my personal vehicle while conducting College business, and my license status will be verified annually by the Department of Risk Management in accordance with COP 09-0104.
5. I understand and agree that Florida SouthWestern State College reserves the right to review my driving record annually and without prior notice during the duration of my employment at Florida SouthWestern State College.
6. I understand that I am personally responsible for any traffic or parking violations issued when driving any vehicle while conducting College business.
7. In the event of an accident while conducting College Business, I will:
   1. Immediately report all accidents to law enforcement where the accident occurred.
   2. Promptly notify my supervisor and Risk Management
   3. Immediately report the receipt of any traffic citations issued to me by any law enforcement agency to my department head.
   4. Not assume or admit fault. Others will determine liability and negligence after  
      thorough investigation.
   5. Complete and return a *“Vehicle Accident Information Form”* and an *“Accident-Incident Form”* to Risk Management.
   6. Report my injury, if applicable, to the College’s workers’ compensation manager.
8. Immediately report any changes or loss in my driver’s license privileges to my department head and accept removal of driving privileges for College business by the College, if applicable.

BY SIGNING THIS FORM, YOU AGREE TO COMPLY WITH THE RULES ABOVE INCLUDING COP 09-0104, *COLLEGE VEHICLE USE, PERSONAL VEHICLE USE FORCOLLEGE BUSINESS, AND DRIVER’S LICENSE VERIFICATION*

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Employee Signature Date

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Employee Name (Please Print) Florida Driver’s License Number

**PROVIDE A COPY OF THIS COMPLETED FORM TO THE RISK MANAGEMENT OFFICE.**