

Safe Transportation Policy Acknowledgement

I acknowledge that I have received and/or reviewed a copy of PossAbilities Safe Transportation Policy. The Policy includes procedures to provide safe transportation and responsibilities associated therein. It has been reviewed with me.

- I agree to provide safe transportation, adhering to both PossAbilities Transportation Policy and Minnesota driving laws.
- I acknowledge that I must report any driving violations, lapse in personal insurance, revocation of driver's license, DUI's or accidents to my immediate supervisor.
- I acknowledge that any driving violation may result in formal personnel action up to and including termination.
- I agree to not smoke, eat, drink or use a cellular phone or other mobile device while operating a PossAbilities vehicle or my personal vehicle while on PossAbilities time.

Signature

____/____/____
Date