



As a new employee at LSUS, you may be required to drive a state vehicle, one that has been rented, or your personal vehicle in the course and scope of your job duties. In order to be authorized to drive for the state, you must follow our **Safe Driving Program**. This program allows you to rent a vehicle through the University, or be reimbursed for mileage used on your personal vehicle. This program is also required for driving any of our University vehicles.

Documentation Needed to Become an Authorized Driver:

1. Fill out only the top portion of the Driver Authorization Form given to you by HR, and then sign and date it on the very bottom line. (Middle section stays blank.)
2. Complete the Online Driver Safety Training by going to the Staff and Administration page on the LSUS website. Under finance and Administration go to Human resource management, and then to Required Trainings, click on the Driver Safety Training link. When done print out the certificate given at the end of the exam.
3. Copy of your Driver's License, (If out of state you will need to include a copy of your Driver's Record) and a copy of your current proof of insurance.
4. You can either email this to: jennifer.thrower@lsus.edu or hand deliver it to the LSUS Police Administration office located on first floor of the Administration Building.

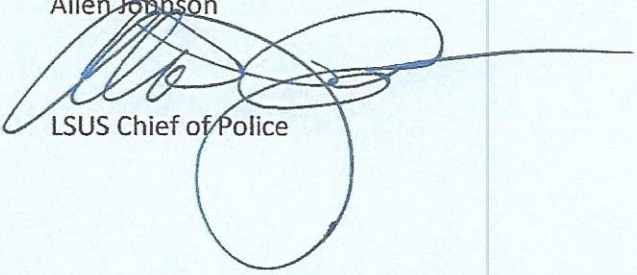
Once all of the required documentation is received, we will run a Louisiana Driver's Report.

After a review of all required documentation, within a few days you will receive a status update email.

Once you are entered into our system we will perform yearly updates. This includes: **photocopy of your current Driver's License, photocopy of your current proof of insurance, and every 3 years an updated Driver Safety Course Certificate.**

Allen Johnson

LSUS Chief of Police

A large, stylized handwritten signature in blue ink, written over the printed name and title.

STATE OF LOUISIANA
DRIVER AUTHORIZATION FORM

TO BE COMPLETED ANNUALLY, UPON CHANGE OF STATE OF ISSUANCE, CLASS OF LICENSE, AND/OR DRIVING
RESTRICTION CHANGE

Agency: _____
Employee Name: _____ Employee Number: _____
Immediate Supervisor: _____ Driver Training Course (MM/DD/YY): _____
Drivers License Number: _____ State of Issuance: _____

AGENCY HEAD OR DESIGNEE AUTHORIZATION

By executing this document, I have reviewed the Official Driving Record and Driver Training Course dates and have confirmed the information to be current and in accordance with the ORM Loss Prevention requirements.

My signature authorizes the aforementioned employee to drive the following on state business as required (check all that apply):

_____ **STATE VEHICLE**

_____ **RENTAL VEHICLE**

_____ **PERSONAL VEHICLE**

AGENCY HEAD
(or designated individual)

DATE OF AUTHORIZATION

EMPLOYEE ACKNOWLEDGEMENT/AUTHORIZATION

This is to certify that, as a condition of and if authorized to drive my personal vehicle on state business, I have and will maintain at least the minimum liability coverage as required by LA. R.S. 32:900 (B) (2).

I understand that the use of my vehicle on state business requires prior written authorization from my supervisor or agency head.

Further, by signing this document, I agree to notify my agency in writing should any of the following change on my license: Drivers License No., State of Issuance, Class of License or Driving Restrictions.

I authorize my agency to obtain access to my Official Driving Record (ODR) as necessary to comply with the State's Loss Prevention Program.

I affirmatively acknowledge and understand that operating a state-owned, state-rented or state-leased vehicle while intoxicated as set forth in R.S. 14:98 and 14:98.1 is strictly prohibited, unauthorized, and expressly violates both the terms and conditions of my use of said vehicle, and my employer's instructions. In the event such operation results in my being convicted of, pleading nolo contendere to, or pleading guilty to, driving while intoxicated under R.S. 14:98 or 14:98.1, I acknowledge and understand that such would constitute evidence of: (1) my violating the terms and conditions of my use of said vehicle, (2) my violating the direction of my employer, and (3) my acting beyond the course and scope of my employment with the State of Louisiana. I further affirmatively acknowledge and understand that personal use of a state-owned, state-rented or state-leased vehicle is not permitted.

My signature on this document shall remain in effect until revoked by the agency or until a new form is executed.

EMPLOYEE SIGNATURE

DATE

07/01/2012
DA 2054

ANNUAL SUPPLEMENTAL SIGNATURE PAGE

EMPLOYEE NAME: _____

DRIVERS LICENSE NUMBER: _____

DEPARTMENT/AGENCY: _____

AGENCY HEAD OR DESIGNEE STATEMENT

By executing this document, I have reviewed the following and have confirmed the information to be current and in accordance with the ORM Loss Prevention requirements:

Official Driving Record Drivers Training Course

Further, my signature allows the aforementioned employee to drive a state vehicle, rental vehicle or personal vehicle on state business.

Agency Head
(or designated individual)

Date of Authorization

Agency Head
(or designated individual)

Date of Authorization

Agency Head
(or designated individual)

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(DUPLICATE SUPPLEMENTAL SIGNATURE PAGE AS NEEDED)