



Safe Driving Program Exemption Application - Initial

California State University San Marcos • Safety, Health & Sustainability
333 S. Twin Oaks Valley Road • San Marcos, CA 92096 • Craven Hall 4700 • (760) 750-4502

Employee Name: _____

Job Title: _____

Department: _____ Phone Number: _____

Please read and initial the following statements:

_____ I understand that driving on University business includes:

- driving a powered cart on or off campus
- driving a personal or state-owned vehicle on campus as part of my job duties
- driving a personal or state-owned vehicle off campus to meetings, conferences, or any other event as part of my job duties
- driving a personal or state-owned vehicle to run office errands including picking up supplies or food
- driving a rental car as part of my job duties
- driving any vehicle for which I might claim mileage reimbursement from the University

_____ I do not intend to drive on University business at any time during the next twelve (12) months

_____ If my circumstances change while I am under a Safe Driving Program Exemption, I will either complete the Safe Driving Program requirements or obtain a Safe Driving Program Temporary Permit before I drive on University business

_____ I understand that Exemptions are approved for 12 months only and if granted such an Exemption, I must reapply each year to maintain my status

I understand and meet the qualifications for a Safe Driving Program Exemption listed above.

Employee Signature: _____ Date: _____

Supervisor* Name: _____ Supervisor* Approval: Yes No

Supervisor* Signature: _____ Date: _____

Safety, Health & Sustainability Services Use Only

Safe Driving Program Exemption: **Approved** **Denied** **Expiration Date:** _____

Reason for denial: N/A

Application Reviewer: _____

Reviewer Signature: _____ Date: _____

*Supervisor or Supervisor's Delegate