*Portland Community College*

# DRIVER ACKNOWLEDGEMENT FORM

**Employee Information—Please PRINT Clearly**

Employee Name: _____ Today's Date: _____

Employee ID: _____ Your Job Title: _____

Supervisor Name: _____ Your Department: _____

**AcknowledgEment**

*By signing this form, I acknowledge that I have received and read the revised January 2014 Portland Community College Driver Requirements. I understand that it is my responsibility to review these College Driver Requirements with my supervisor.*

**X** _____ **X** _____

*Employee's Signature:* *Dated:*

**X** _____ **X** _____

*Supervisor's Signature:* *Dated:*

INSTRUCTIONS:

Complete the above Driver Requirements Acknowledgment form with the required information PRINTED legibly; sign and submit to your supervisor for his or her signature.

Send the completed and signed form through intercampus mail to:

**Safety & Risk Services**
**Attention: Juanita**
**Downtown Center 2nd Floor**