

EMPLOYEE AUTHORIZATION FOR MVR REVIEW

I acknowledge that the information contained in the Community Healthlink (CHL) Staff Transporting Clients Policy 4-15-4 has been reviewed with me, and a copy of the policy has been furnished to me. I agree to comply with the terms of this Policy.

As an employee who may drive clients on agency business I understand that it is my responsibility to operate the vehicle in a safe manner and to adhere to the Policy.

I also understand that CHL will periodically review my Motor Vehicle Record to determine continued eligibility to drive a company vehicle and/or to be assigned to drive clients in my personal vehicle. I have been informed that a Motor Vehicle Record will be periodically obtained on me for continued employment purposes.

I acknowledge the receipt of the above disclosure and authorize CHL or its designated agent to obtain a Motor Vehicle Record report. This authorization is valid as long as I am an employee or employee candidate and may only be rescinded in writing.

I understand that if CHL directs me to transport a CHL client in my personal vehicle in connection with my job responsibilities, (and I accept such assignment), my personal automobile insurance will be the primary source of coverage for any liability or claim that may arise from transporting that patient. If an accident occurs while I am operating my vehicle transporting clients for CHL, my personal insurance will be the primary coverage, and should be looked at to provide protection for myself, the client or any third party who may file a claim. Neither CHL nor UMass Memorial Health Care obtain separate insurance for this purpose. I acknowledge that I will be responsible for paying any deductibles or other fees assessed by my insurance company.

I agree to check the terms and conditions of my automobile insurance to verify that it covers transporting clients while working for CHL. As an employee who may drive a personal vehicle transporting clients on company business, I will provide CHL with the declaration page from my personal automobile insurance each year to confirm adequate coverage.

I understand that CHL is not responsible for any damage, parking tickets, equipment violation citations or moving violations that occur while I may be operating a personal vehicle on company-related business

Nothing in this document is intended to conflict with the current Collective Bargaining Agreement with Service Employees International Union, Local 509.

Employee Sign-Off and Information

PRINT – EMPLOYEE'S NAME

DRIVER'S SIGNATURE & DATE

DRIVER'S LICENSE NUMBER & STATE

DRIVER'S DATE OF BIRTH

Supervisor Sign-Off

PRINT – SUPERVISOR'S NAME

SUPERVISOR'S SIGNATURE & DATE

Distribution

Original to HR

Copies to Employee & Employee's Supervisor