

**REQUEST FOR USE OF A STAFF VEHICLE
WASHINGTON LOCAL SCHOOLS**

Trip Date(s) _____ Curricular _____ Athletic _____
_____ (Sport)

Destination _____
_____ (Company or Name of Place) _____ (Address) _____ (City)

Purpose of Trip: _____

Number of persons involved: _____ Students _____ Adults _____
_____ (Class or Grade Level)

Number of vehicles being requested: _____ Type: _____ Van _____ Car

Time vehicle will be picked up _____ A.M. _____ P.M. Time vehicle will be returned _____ A.M. _____ P.M.

Permission to stop for lunch/supper _____ Yes _____ No

Person or persons in charge: _____ Phone number: _____

I hereby acknowledge and agree to abide by all Federal, State, and Local Laws as well as all Rules, Regulations, Policies and Guidelines as set forth by the Ohio Department of Education and the Washington Local Schools Board of Education pertaining to the transportation of students in staff vehicles.

(Signature of Applicant)

(Date)

REQUEST ENDS AT THIS POINT

APPROVALS

Building Administrator _____ Date _____ Approved _____ Disapproved _____

Business Manager _____ Date _____ Approved _____ Disapproved _____

AUTHORIZATION FOR TRIP

Vehicle(s) assigned: _____ #202 _____ #203 _____ #204 _____ #205

Date processed: _____ Approved by: _____
(Supr. of Transportation)

THIS SECTION TO BE COMPLETED BY DRIVER

Mileage:

Return: _____

Start: _____

Total Mileage: _____

Condition of vehicle at start of trip: Good _____ Fair _____ Poor _____

Condition of vehicle at end of trip: Good _____ Fair _____ Poor _____

Comments: _____

Driver's Signature: _____

THIS SECTION TO BE COMPLETED BY TRANSPORTATION DEPARTMENT

Condition of vehicle at start of trip: Good _____ Fair _____ Poor _____

Condition of vehicle at end of trip: Good _____ Fair _____ Poor _____

Comments: _____

Mechanic's Signature _____

White - Transportation Office

Yellow - Driver

Pink - Return to Applicant

Gold - Business Office