

**EAST ALLEN COUNTY SCHOOLS
REQUEST FOR USE OF VEHICLE**

**This form must be forwarded to the transportation office by courier, e-mail or fax (446-0139)
5 days in advance of the trip before a vehicle will be assigned.**

PERSON REQUESTING USE OF VEHICLE: Please complete this section of the form and return it to your principal.

DATE OF TRIP: _____ DAY OF WEEK: _____

PICK UP TIME: _____ RETURN TIME: _____

DRIVER'S NAME: (driver must be cleared by Transportation Department) _____

SCHOOL: _____ POSITION: _____

HOME PHONE: _____ CELL: _____

EMERGENCY CONTACT: _____

HOME PHONE: _____ CELL: _____

PASSENGER INFORMATION: (must always be two EACS employees in the vehicle)

NAME _____ SCHOOL _____ POSITION _____

NAME _____ SCHOOL _____ POSITION _____

NAME _____ SCHOOL _____ POSITION _____

NAME _____ SCHOOL _____ POSITION _____

NAME _____ SCHOOL _____ POSITION _____

NAME _____ SCHOOL _____ POSITION _____

DESTINATION: _____

PURPOSE: _____

PRINCIPAL: If you approve the request, please sign this form and send it to the Transportation Department. If the driver is on our list of approved personnel, a vehicle will be assigned. A copy of this form will be returned to the driver with the number of the vehicle marked below.

APPROVED BY: _____ DATE: _____
PRINCIPAL'S (OR DESIGNEE'S) SIGNATURE

TRANSPORTATION OFFICE USE ONLY

VEHICLE ASSIGNED: _____

SIGNED: _____ DATE: _____