



**Greenville Public Schools District**  
*Department of Transportation*  
Greenville, MS 38701  
Phone: (662) 334-7152

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*Hosea Haywood, Director*

*Lashonda McKnight, Secretary*

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**Employee's Agreement of Responsibility to Operate District-Owned Vehicles in Accordance with All Applicable Motor Vehicle Laws and to Notify GPSD Transportation Department of Any Adverse Change in Employee's Driving History.**

I \_\_\_\_\_, understand that I have been approved for the  
Printed Name  
daily use of district vehicle number(s):

\_\_\_\_\_

for the purposes of daily work-related tasks. I understand that this vehicle is to be driven and used exclusively for school-related business. I agree that this vehicle will not be used for personal reasons under any circumstances.

I understand that under no circumstances will I use this vehicle if my ability to drive has been impaired in any way. This includes being under the influence of drugs (including prescription drugs), alcohol, illness, or any other condition that could impair my ability to drive safely.

I agree to obey all motor vehicle laws while driving district-owned vehicles and understand that any violation of the motor vehicle code may potentially disqualify me from driving district-owned vehicles in the future. I further agree that I will maintain my legal ability to operate a vehicle in the State of Mississippi.

I understand it is my responsibility to notify my supervisor within 24 hours of any change in my ability to drive, to remain insurable, or of any traffic citations that I receive.

In the event of any vehicle-related accident involving damages or injuries, I agree to submit to a drug test. Failure to abide by the above policies is cause for immediate termination of employment.

\_\_\_\_\_  
**Employee's signature**

\_\_\_\_\_  
**Date**