

## REQUEST FOR NON-EMPLOYEE TO OPERATE A UNIVERSITY VEHICLE

**COMPLETED FORM MUST BE RECEIVED BY THE COMPTROLLER'S OFFICE AT LEAST ONE (1) WEEK PRIOR TO PLANNED VEHICLE USE**

**PART I. To be completed by department or school making request**

Approval is hereby requested for the following individual, who is not a regularly budgeted IPFW employee, to operate a university vehicle.

Name	Age	Date of Birth
Street Address	Phone	
City	State	Zip Code
Status:	<input type="checkbox"/> Student <input type="checkbox"/> Volunteer	
	<input type="checkbox"/> Other (Explain) _____	

**ACTIVITY FOR WHICH REQUEST IS MADE**

Name of Event or Type of Activity: \_\_\_\_\_

\_\_\_\_\_

Destination: \_\_\_\_\_

Reason Non-employee driver is needed:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date(s) for which approval is requested: \_\_\_\_\_

Primary Driver or Accompanying Staff Employee:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Requested by:

\_\_\_\_\_  
 Faculty/Staff Member

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 School/Department

\_\_\_\_\_  
 Date Home Phone Campus Phone

**PART II. To be completed by potential vehicle operator**

I fully understand that upon release of a university vehicle, I assume the following responsibilities:

1. To have in my possession at all times a valid state driver's license.
2. To familiarize myself with and abide by parking and traffic regulations of the university and applicable Indiana state and local laws.
3. To observe commonly accepted rules of courtesy toward pedestrians and other vehicle/equipment operators.
4. To properly care for the vehicle while it is in my custody.
5. To lock the vehicle when it is unoccupied.
6. To pay any traffic or parking fines which I incur.
7. To operate and park the vehicle in a manner which will not reflect unfavorably on the university.
8. To return the vehicle at the appointed time.
9. To follow the guidelines given in the Emergency Repair and Accident Procedure pamphlet located in the vehicle glove compartment.

I possess a valid United States driver's license issued by the State of \_\_\_\_\_

which expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_. This license contains the following restrictions:

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\_\_\_\_\_ Check here if no restrictions

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**LEGIBLE COPY OF DRIVER'S LICENSE MUST BE ATTACHED TO THIS REQUEST**

**PART III. To be completed by Comptroller's Office**

Request Approved: \_\_\_\_\_

Request Denied: \_\_\_\_\_

\_\_\_\_\_  
Daniel L. Gebhart, Comptroller

\_\_\_\_\_  
Date

**Distribution: Request Originator  
Campus Safety Department WU 127**