

SAFE DRIVER PLAN - ACKNOWLEDGEMENT OF RECEIPT OF SAFE DRIVER PLAN

I hereby acknowledge receipt of a copy of the Safe Driver Plan established by the Board in regards to driving violations/accidents and District regulations.

I have read the Safe Driver Plan. It has been explained to me, and I do understand the contents of the plan.

Indicate your work location:

- Transportation       North                       Central       Mid-South               South
- Maintenance       Warehouse               Facilities       Plant Operations
- Food Service       Educational Technology
- Other School

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

4/05  
7/07