

**AUTHORIZATION TO USE PRIVATELY OWNED VEHICLES ON STATE BUSINESS**

STD. 261 (REV. 3-95)

*This approval must be renewed annually.  
Supervisor: Retain Original Copy*

**I. CERTIFICATION**

In accordance with State Policy (S.A.M. 0753 & 0754) approval is requested to use privately owned vehicles to conduct official State business.

*I hereby certify that, whenever I drive a privately owned vehicle on State business, I will have a valid driver's license and proof of liability insurance in my possession, all persons in the vehicle will wear safety belts and the vehicle shall always be:*

1. Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage). Vehicle Code Section 16020 (effective July 1, 1985) requires all motorists to carry evidence of current automobile liability insurance in their vehicle.
2. Adequate for the work to be performed.
3. Equipped with safety belts in operating condition.
4. To the best of my knowledge, in safe mechanical condition as required by law.

I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance.

*I further certify that, while using a privately owned vehicle on official State business, all accidents will be reported on form STD. 270 within 48 hours (S.A.M. 2441).*

I understand that permission to drive a privately owned vehicle on State business is a privilege which may be suspended or revoked at any time.

<b>DRIVER'S LICENSE NUMBER</b>	<b>STATE</b>	<b>EXPIRATION DATE</b>
<b>EMPLOYEE'S SIGNATURE</b> X	<b>PRINT NAME</b>	<b>DATE SIGNED</b>

**II. APPROVAL**

*Use of a privately owned vehicle on State business is approved.*

APPROVING AUTHORITY SIGNATURE	TITLE James Widmann, Ph.D., ME Department Chair	DATE APPROVED
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**III. RENEWAL**

*I have reviewed the above certification and approval and certify that the information provided is correct and valid.*

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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**Environmental Health & Safety**  
**Request to Operate Vehicles on University (State) Business**  
*(Including power carts, tractors, forklifts, and any other powered vehicles)*

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**Requestor Information & Certification**

*Photocopy of Driver's License is required to accompany this form*

**Requestor's Name (Last, First MI)**

Department

Role at the University

University faculty or staff

University van pool driver

University student assistant (\*In dept. driving for)

Identified volunteer - HR Form V-1 must be completed and attached

Corporation employee

ASI employee

Other

**CA Driver's License**

**License Expiration Date**

**Birth Date**

**Campus Email (@calpoly.edu)**

**Campus Phone**

**Other Phone**

***I certify that:***

1. I am in possession of a valid California or other state driver's license (see attached copy). I have not been issued more than three moving violations or have been responsible for more than three accidents (or any combination of more than three thereof) during the past twelve-month period. I authorize Environmental Health & Safety to request a copy of my driving record from the CA DMV to confirm.
2. Operation of any vehicle on University (state) business will be in compliance with applicable laws, policies, regulations and safety requirements.
3. If authorized to operate a vehicle on University (state) business at least once per month regularly through out the fiscal year, I will complete the on-line, University Defensive Driver Training Program and, if applicable, the Power Cart Training. Details on taking this training will be emailed to you by Environmental Health & Safety.
4. Vehicles owned, leased or rented by the University will only be used on University business.
5. Separate authorization will be obtained for use of personal vehicles on University business. (See Form 261)
6. Vehicles rented for use on University (state) business will be rented through State or University contracts worldwide, if available. (See State Travel)
7. Any accident in a vehicle being driven on University business will be reported as soon as possible or within 24 hours to Risk Management, (805)756-6755, nights, weekends, and holidays report to University Police, (805) 756-2281.
8. Drivers of vehicles being driven on University Business will file a completed Report of Vehicle Accident STD 270 with Risk Management within 48 hours.

**Requestor's Signature**

X \_\_\_\_\_

**Date**

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**Supervisor's Authorization**

The above named University employee is required to operate vehicles on University (state) business

more than once per month

no more than once per month

I have verified that this applicant possesses a valid California or other State driver's license of appropriate class and I have verified the applicants UNIVERSITY STATUS as checked above.

Authorized by (print/type)

Dept. Bldg & Rm

Title (print/type)

Dept. Phone

Supervisor's Signature

Date

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Upon completion of this form, please submit to Environmental Health & Safety, Bldg. 80. EH&S will notify the supervisor if the DMV record does not meet the established criteria for an approved University driver.

**Information Security Notice:** This document contains Level 1 Confidential employee information. Completed forms should NOT be retained in the originating department and must be handled pursuant the Cal Poly Information Classification and Handling Standard.

**VOLUNTEER IDENTIFICATION FORM**

**DEFINITION:** A volunteer is an individual who performs work or provides services to the University **without remuneration of any kind**. Volunteers must meet any license requirements and CSU requirements for defensive driver training and a good driving record in order to operate any vehicle on University business for their assignments. Volunteers may be covered by the University's workers' compensation and liability coverage programs. **All forms must be on file prior to the effective date of the volunteer assignment.**

**Section I: Position Information to be Completed By Department (type or print legibly)**

College/Division: College of Engineering	Department: Mechanical Engineering	Supervisor Name / Title:	Supervisor Ext: 6-
Volunteer Name (Last, First, MI):	Volunteer Job Title: Senior Project Team Member	Effective Date: (V1 form needed for each fiscal year) 10-07-2015	End of Assignment: (duration NOT to overlap fiscal years) 06-30-2017

Volunteer Status:  
 Current Cal Poly Employee:    ASI    Corporation    State    Cal Poly Student (*not* being paid for this assignment)    Community Member

Summary of Duties (Duties of the volunteer assignment must not coincide with any non-exempt Cal Poly position the person may currently hold.):  
 Senior project work, including but not limited to: visiting various company/organization sites to meet with sponsor and other company representatives.

Will the volunteer be listed as the "Instructor of Record" on the Schedule of Classes?    NO    YES   List course(s) to be taught: \_\_\_\_\_  
 - If yes, completion of the "[AP101](#)" form is also required - contact Academic Personnel (6-2844) for additional instructions.

Volunteers not identified above as the "Instructor of Record" who need access to Cal Poly's information and technology resources must complete the [Affiliated Person Account Request Form](#) and adhere to its [written agreement](#).

Is a Professional License or Certificate required to perform these duties?:    NO    YES   List: \_\_\_\_\_

Fingerprinting / Background required:    NO    YES (If yes, contact Human Resources (6-2236) for process information)

Temporary ID Card authorization:    NO    YES (for Community Members only)   [Who is eligible for a PolyCard?](#)

Will the volunteer drive a State vehicle on University business?    NO    YES (complete the "[Request to Operate Vehicles](#)" form)

Will the volunteer drive a personal vehicle on University business?    NO    YES (complete both the "[Authorization To Use Private Vehicle](#)" and the "[Request to Operate Vehicles](#)" forms)

Will the volunteer travel on University business?    NO    YES (may be entitled reimbursement per the [Travel Guidelines](#))

Is the volunteer over the age of 18?    YES    NO (If no, must comply with provisions below and provide date of birth (MM/DD/YYYY): \_\_\_\_\_)  
 - Minors *must* obtain certificates of age or permits to work *prior* to the appointment date and [work hour limitation apply](#).  
 - Minors performing delivery work *must* do so by foot, bicycle and public transportation.  
 - Minors may *NOT* work in occupations that involve power machinery, kitchen work, and certain work in connection with the maintenance of cars, trucks, machines or equipment, or work in warehouses.

**Section II: Information to be Completed By Volunteer**

Preferred Name (Last, First, MI):	Telephone Number:	Address:	City:	State / Zip
Emergency Contact (Last, First, MI):	Telephone Number:	Address:	City:	State / Zip

Are you receiving academic credit\* for volunteering?    NO    YES   List course: \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony as an adult?    NO    YES  
 If yes, please list circumstance(s) and date(s): \_\_\_\_\_

\* Students enrolled in CSU Nursing, Allied Health, Social Work, or Education credential programs are typically covered by the Student Professional Liability Insurance Program.

**Volunteer Acceptance Statement and Signature:** This is to acknowledge that I desire to volunteer my services, performing the duties listed above, and that those services rendered by me will be at the direction of the above named supervisor and will not coincide with any non-exempt Cal Poly position that I hold. I understand that I will not be compensated for these services. Further, I acknowledge that I serve at the pleasure of my supervisor.

Signature of Volunteer:   X   Date: \_\_\_\_\_

**Section III: Signature Authority**

Department Head / Designee on file (Print): James Widmann, Ph.D.		Dean / Division Head / Designee on file (Print):	
Signature:	Date:	Signature:	Date:

**Turn in the completed form to Environmental Health and Safety, Building 80**  
**This document contains Level 1 information. Please handle accordingly.**  
 Incomplete forms will not be accepted and will be returned to the department.