



## Six Flags Carpool Acknowledgment Form



I understand that if approved, the Scheduling Office is able to accommodate my start time with a maximum of a 2-hour difference with my carpool's start time. The shift end times are variable and based on my department or location needs. I understand that if I have any questions in regards to my shift end times, I will need to speak with my department management.

I understand that this carpool request will take 3-4 weeks to take effect upon approval. Furthermore, if my carpool's start time and my start time exceeds the maximum of a 2-hour difference, it is my responsibility to contact the Scheduling Office no later than 2 weeks before the scheduled shift.

By signing below, I acknowledge that I have reviewed, understand, and will adhere to the above policies. I also have been given the opportunity to ask questions regarding the above policies.

**By typing your name exactly as it appears below signifies you are completing this form using an electronic signature. By signing electronically, you are certifying that you have read and understand the above policies and agree to electronically sign.**

\_\_\_\_\_  
Employee Name (Printed)

\_\_\_\_\_  
EID

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date





# Carpool Request Form



Name: \_\_\_\_\_

Check the appropriate box below:

EID: \_\_\_\_\_

- I am the driver
- I am not the driver but I have reliable transportation when my carpool is off

Department: \_\_\_\_\_

Location: \_\_\_\_\_

- I am not the driver and **do not** have reliable transportation when my carpool is off

Employee Name (Printed)

Employee Signature

Date

Name: \_\_\_\_\_

Check the appropriate box below:

EID: \_\_\_\_\_

- I am the driver
- I am not the driver but I have reliable transportation when my carpool is off

Department: \_\_\_\_\_

Location: \_\_\_\_\_

- I am not the driver and **do not** have reliable transportation when my carpool is off

Employee Name (Printed)

Employee Signature

Date

Name: \_\_\_\_\_

Check the appropriate box below:

EID: \_\_\_\_\_

- I am the driver
- I am not the driver but I have reliable transportation when my carpool is off

Department: \_\_\_\_\_

Location: \_\_\_\_\_

- I am not the driver and **do not** have reliable transportation when my carpool is off

Employee Name (Printed)

Employee Signature

Date

**Office Use Only**

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Circle one:**

Approved

Denied

If Approved:

If Denied, please state reason below:

- Logged in Carpool Tracker
- Logged on Availability Template
- Notified Scheduler
  - Link created
- Notified Team Member of the following:  
Effective Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_
- Notated on Service Log: \_\_\_\_\_

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- Notified Team Member of the reason
- Notated Conversation on Service Log

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_