

Carpool Request Form

Name: _____
EID: _____
Department: _____
Location: _____

Check appropriate box below:
 I am the driver
 I am not the driver
 I have reliable transportation when my carpool is off

Name: _____
EID: _____
Department: _____
Location: _____

Check appropriate box below:
 I am the driver
 I am not the driver
 I have reliable transportation when my carpool is off

Name: _____
EID: _____
Department: _____
Location: _____

Check appropriate box below:
 I am the driver
 I am not the driver
 I have reliable transportation when my carpool is off

By submitting the request, I acknowledge the following:

I understand that this carpool request will take 3-4 week to take effect if approved. Furthermore, if my and my carpool's working schedule do not match, it is my responsibility to contact the Scheduling Office or my Supervisor no later than 2 weeks before the scheduled shift. I also understand that this request will need to be renewed on a yearly basis.

By signing below, you agree to adhere to the carpool request procedures stated above.

Print Name: _____ Date: _____
Signature: _____

Print Name: _____ Date: _____
Signature: _____

Print Name: _____ Date: _____
Signature: _____

Office Use Only

Received on: _____ Initials: _____

Circle one:

Approved

Denied

If Approved:

If Denied, please state reason below:

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

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

Date Completed: _____

Initials: _____