Mileage Stipend Request and Use Agreement

Employee Name:	EUSD ID #
Department:	Monthly Stipend Amount
Job Title:	\$25 \$50
(Agreements received by the 10th of the month w	vill be included in the pay check for that month.)
District Poli	cy Summary
Certain employees may qualify for the District to presumed business use of a personal vehicle. T person's job duties as it relates to the amount of Services will review and set the amounts to be plassis.	he level of cash stipend will be determined by a fuse. The Assistant Superintendent of Business
Agree	ement
 a. Copy of driver's license noting and b. Year, make & vehicle license plant c. Insurance carrier d. Policy number e. Policy expiration date 	ed annually in July with the Human
Employee is required to complete a "Dist	trict Personal Vehicle Use Form".
 Employee agrees that they are responsil and/or replacement of vehicle equipment 	ole for the purchase, loss, damage, insurance, t.
 Employee will promptly report to the Dist during the hours of employment. 	rict Risk Manager any accident that takes place
Employee 0	Certification
I certify that the stipend provided will be used to	ward expenses I incur for district required travel.
Employee Signature	Date
Supervisor	Date
Assistant Superintendent, Business Services	 Date

- Forward document to Business Services
- Rates set annually by Assistant Superintendent, Business Services

Eastside Union School District - PERSONAL VEHICLE USE FORM

Name:	Phone:	Birth Date:
Driver's License #:	Exp. Da	ite:
Year/Make of Auto:	Vehicle Licer	se #:
Insurance Carrier/Agent:	Phone:	
Liability Limits:	Polic	, #:
Policy Expiration Date:	Driving Restrictions:	
•		n force. I understand that if performing work for
the School District in the course of my coverage in force as required by the St information. I further certify that the a	duties I may utilize my personal vehicle. It ate of California and agree to advise the Diabove vehicle is mechanically safe.	understand that I must have liability insurance strict, in writing, of any changes in the above
the School District in the course of my coverage in force as required by the St information. I further certify that the a Signed:	duties I may utilize my personal vehicle. It ate of California and agree to advise the Diabove vehicle is mechanically safe.	understand that I must have liability insurance
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the School District in the course of my coverage in force as required by the St information. I further certify that the a Signed:	duties I may utilize my personal vehicle. It ate of California and agree to advise the Diabove vehicle is mechanically safe.	understand that I must have liability insurance strict, in writing, of any changes in the above _ Date:

Approval is valid through the expiration date of the insurance policy. Approval can be withdrawn at the District's discretion.

NOTE: If you drive your personal automobile while on District business and you are involved in an accident, by law your liability insurance policy is used first. The District liability policy would be used only after your policy limits have been exhausted. The District does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.

All persons driving on District business will: (1) follow the most direct route; (2) avoid all unnecessary stops; (3) not carry unauthorized non-District personnel or students or guests as passengers; and (4) ensure that all vehicle occupants use seat belts or other appropriate passenger restraint system as required by law.

NOTE: Please attached a photocopy of the following: (1) "Proof of Insurance" form presently being provided by your automobile insurance company that indicates expiration date of insurance; and (2) driver's license.

District Administration may obtain periodic employee driving record checks from the California Department of Motor Vehicles which are a matter of public record. These will be used to determine driver eligibility.