

ROCKINGHAM COUNTY PUBLIC SCHOOLS

Transportation Department
1210 North Liberty Street
Harrisonburg, Virginia 22802

Phone: 433-2458 / Fax: 433-2460

REQUEST FOR USE OF SCHOOL BOARD VEHICLE

EMPLOYEE NAME: _____

School/Department: _____ Phone: _____

Destination: _____ Type of Conference: _____

Principal/Supervisor's Approval: _____

Are you aware of any other school personnel attending this conference, if so, please car pool if possible?

TRANSPORTING:

_____ Adults (names) _____

_____ Students

VEHICLE TO BE PICKED UP: (7:00 a.m.- 4:15 p.m.)

Date: _____ Time: _____

VEHICLE TO BE RETURNED: (6:30 a.m. – 4:15 p.m.)

Date: _____ Time: _____

Will you be needing a credit card for fuel? _____ yes _____ no

Please list all drivers (must be a school board employee and on the approved driving list):

To Be Completed By Transportation Office:

Vehicle Assigned: _____

NO VEHICLE

AVAILABLE: _____

A copy of this request will be returned to you for confirmation, however, ALL REQUESTS SHOULD BE FOLLOWED UP WITH A PHONE CALL TO JIM SLYE OR ALVIN ESTEP (433-2458)
