CVA Vehicle — Non-Authorized Passenger Acknowledgement Form

This form is supporting application of the Sask DLC Vehicle Rental administrative procedure, and it must be completed when a non-authorized passenger will be travelling in a CVA rental vehicle. The employee completes the form, obtains their supervisor and Executive Director of Finance, Human Resources and Planning signatures, if approved attaches completed form to the CVA Rental Request Form prior to submission.

Employee and Trip Information

Employee Name	
Position / Department	
Trip Date(s)	
Destination	
Purpose of the Trip	

☐ I confirm that the primary purpose of this trip is authorized Sask DLC business.

Passenger Information

Provide details about the non-authorized passenger and the reason for their presence in the CVA vehicle:

Passenger Name	
Relationship to the Employee	
Reason for Presence	

Acknowledgement

By signing below, I acknowledge that:

a) Any non-authorized passenger travelling in a CVA rental vehicle is not covered under CVA insurance policies. In the event of an accident, such passenger must rely on their personal insurance coverage.

b) CVA vehicles are provided for Sask DLC business purposes only. Where a CVA vehicle is operated for personal rather than Sask DLC business purposes, the vehicle operator may share personal responsibility, in whole or in part, for the settlement of any claims arising from that use.

By signing this form, I confirm that I understand and accept the conditions outlined above and will comply with the Sask DLC Vehicle Rental Administrative Procedure.

Signatures

Employee

_____ _____

Employee Signature *Date*

Supervisor

☐ Recommended — *forward to Executive Director of Finance, Human Resources and Planning*

☐ Not Recommended — *notify employee and retain form on file*

_____ _____

Supervisor Signature *Date*

_____ _____

Print Name *Position*

Executive Director of Finance, Human Resources and Planning

☐ Approved — *notify employee and the Supervisor*

☐ Declined — *notify employee and the Supervisor*

_____ _____

Executive Director Signature *Date*

_____

Print Name