

12 PASSENGER VAN REQUEST

Educational **class** trips, which are **part of the course**, may be scheduled at the **beginning of each semester as needed** through the Facilities Management Department. Van requests for **general class trips** should be submitted **NOT** more than **one month** in advance. Please submit completed van request to the Campus Police
Clubs, Sororities, Fraternities, etc. are NOT permitted to use ESU classroom vans.

INSTRUCTIONS:

- 1 **ONLY** - Licensed Drivers who are University Employees or an ESU Graduate Assistant (**or work-study who is in status while driving & is so indicated in his/her job description through Enrollment Services to be a driver**) may operate vehicle.
- 2 Complete form in full & deliver to Facilities Management Department in a timely manner.
- 3 Keys and Log Book for vehicle will be picked up and returned to Campus Police.
- 4 Driver is responsible for removing **TRASH, DEBRIS and FILLING GAS TANK** before returning the vehicle.
- 5 Any problems that develop with the vehicle, please fill out VEHICLE REPAIR FORM located in all log books.
- 6 **Driver is responsible for ALL vehicle violation.**
- 7 All vehicles are to be returned to campus with a full tank of gas. (**Card is in log book**)
- 8 **ALL ACCIDENTS** involving the vehicle **MUST BE** reported to the STATE POLICE IMMEDIATELY, and the DRIVER **MUST** submit an Official Accident Report (Form A541) to Campus Police within **24 hours**.

Should you encounter an unavoidable delay in returning, please notify Campus Police at 570-422-3063 ASAP.

PART 1
 REQUESTOR: _____ DEPARTMENT: _____ EXT. NO. _____
 PURPOSE OF TRIP: _____
 DESTINATION: CITY: _____ STATE: _____ REQUESTORS SIGNATURE: _____
 DEPARTURE DATE: _____ TIME: AM PM RETURN DATE: _____ TIME: AM PM
ADDITIONAL DATES FOR SEMESTER: _____

Information is required for processing

(SEE INSTRUCTIONS #1) **DRIVER STATUS:** > () STAFF () FACULTY () GRAD. ASSISTANT

DRIVER #1: _____ OPERATOR'S LICENSE NO: _____ STATE: _____
 DRIVER #2: _____ OPERATOR'S LICENSE NO: _____ STATE: _____
(ALTERNATE DRIVER)

PART 2
 TELEPHONE NO. AT DESTINATION (**REQUIRED FOR EMERGENCIES**) _____
 DATE TIME ITINERARY (SHOW TRAVEL TIME & TIME AT DESTINATION)

NUMBER OF PASSENGERS PER VAN: Please list **ALL** passengers riding in van below.
(MINIMUM OF (9) REQUIRED * INDICATES WILL NOT RETURN WITH THE GROUP
(MAXIMUM OF (12) WITH DRIVER ** INDICATES OPTIONAL PA LICENSED DRIVER (SEE INSTRUCTION # 1
CLASSROOM VANS ONLY ACCOMMODATE (11) PASSENGERS - 12 WITH THE DRIVER

1 DRIVER	5	9
_____	_____	_____
2	6	10
_____	_____	_____
3	7	11
_____	_____	_____
4	8	12
_____	_____	_____

TRANSPORTING EQUIPMENT: YES NO _____
Chairperson Signature: _____ **COST CODE:** _____
DEAN: _____ **VP or Provost:** _____

Please be advised: Attaching a class roster to form as your passenger list is unacceptable. It is required that all passengers be listed as to who will be riding in the van. **(NO EXCEPTIONS)**