

Multi-Passenger Vehicle: Supervisor Approval Form

1`). Each see	ction below	should be	completed by	the supervisor	of the	driver red	mesting ar	nroval.
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I confirm that the below-named employee is required to operate a Multi-Passenger Vehicle as part of their job responsibilities. I have reviewed the requirements outlined in Policy 303.13 and approve this employee to proceed with the Multi-Passenger Vehicle driver certification process.

Requesting Driver's Name:					
Supervisor's Name:					
Supervisor's Signature:					
Date:					