

**University of Iowa
Fleet Safety Program
VEHICLE APPEAL BOARD
APPEAL FORM**

This form is provided to request reconsideration by the University of Iowa's Vehicle Appeal Board for reinstatement of privilege to drive University vehicles, as provided by the University's Fleet Safety Program.

The Vehicle Appeal Board may reinstate driving privileges or vehicle use, with or without contingent conditions if it is in the University's best interest to do so and if it is determined that safe and prudent operating standards will be met. The University's Vehicle Appeal Board will include representatives from Risk Management, Student Services, Human Resources, Fleet Services, and General Counsel. The written request should include information on special circumstances which the employee believes should be considered by the Vehicle Appeal Board.

This section should be completed by the Driver:

Name _____
(Last) (First) (MI.)

Driver License Number _____ State _____

University Department _____ Work Phone _____ Employment Date _____

Title/Position _____ Departmental Supervisor _____

Primary Job Responsibilities:

Is driving a requirement of your position and a condition of your employment? Y/N

Employee's driving responsibilities – location(s), frequency and purpose:

Are there special circumstances in regard to your accidents/violations and/or your work situation that the Vehicle Appeal Board should take into consideration? Y/N If yes, please describe below and explain why they are important to your appeal.

Driver Signature: _____ Date: _____

This section to be completed by Departmental Supervisor:

Describe this employee's primary job responsibilities and explain the purpose, frequency and locations to which he/she drives.

Is driving a requirement of this position and a condition of his/her employment? Y/N

Do you support this appeal? Why?

Is there an alternative to full restriction that the Vehicle Appeal Board should consider?

Are there special departmental circumstances regarding this appeal that the Vehicle Appeal Board should take into consideration?

What will the impact be on the department and/or what steps will you take to accommodate the department's needs if this appeal is not granted?

What will the impact be on this employee and/or what steps can you take to accommodate this employee if this appeal is not granted? What would the cost to the department be?

Supervisor Signature: _____ Date _____

Return completed and signed form to the [Department of Risk Management, Insurance & Loss Prevention, 305 PCO](#). **Please use additional pages if necessary and attach any supporting documentation.**

FOR INTERNAL USE ONLY

No. _____

Date:

VAB Review