FOR INTERNAL USE ONLY

No. _____

Date:

VAB
Review

University of Iowa
Fleet Safety Program
VEHICLE APPEAL BOARD - FORM

Name _____ _____ _____
(Last) **(First)** **(MI.)**
Driver License No. _____ **State** _____ **(IF NOT IOWA)**

University Department _____ **Work Phone** _____ _____

Title/Position _____ **Departmental Supervisor/Phone #** _____

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

_____

_____

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This section to be completed by Departmental Supervisor:

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? _____

_____

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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 determined that safe and prudent operating standards will be met. The University's Vehicle Appeal Board will include representatives from Risk Management, Office of the Provost, Personnel, Fleet Services, and Legal Counsel. The written request should include information on special circumstances which the employee believes should be considered by the Vehicle Appeal Board.

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_____

Signed: _____

Date: _____

Return completed and signed form to:
Department of Risk Management, Insurance & Loss Prevention
305 Plaza Centre One
The University of Iowa
Iowa City, IA 52242

Please use additional pages if necessary. Attach any supporting documentation.