

UNIVERSITY of
HOUSTON

Driver Fuel Access Form

Date: _____

Department: _____

Authorized Drivers:

*Please notate H (hire) or S (separation) next to the employee's name.

Name	Employee ID	Email	Driver Signature
1.			
2.			
3.			

By signing here, the driver acknowledges that he/she understands the Fleet Fuel Guidelines and understands the requirements and the driver's responsibilities.

All drivers must have authorization to drive vehicles for UH business per MAPP 06.05.03, Motor Vehicle Record Evaluation. The College/Division Administrator is responsible for verifying that the above drivers are authorized to drive vehicles for UH business per MAPP.

Please return form to the Fleet Department at rmgarci4@central.uh.edu.

Approved by: _____
College/Division Administrator's Signature Date

Fleet Approval: _____ Access Active Date: _____