



## NOTICE TO UNAUTHORIZED DRIVER DUE TO “HIGH RISK STATUS”

All OJJ employees may be required to drive a state vehicle at any time and must therefore be authorized drivers. All OJJ employees must have a valid driver’s license in order to be considered an authorized driver to drive a vehicle owned, leased or rented by the State or to drive a personal vehicle on state business. YS Policy A.2.48 Driver Safety Program sets out the requirements that must be met in order to be an authorized driver of a state vehicle.

All authorized drivers are required to maintain a valid driver’s license for the class of vehicle they are operating. Any change in the status of his/her license (i.e. suspension, revocation or expiration of driver’s license) shall be reported to his/her supervisor and safety officer immediately.

Your name has been placed on the **unauthorized drivers** list based on your status as a “High Risk” driver. You will not be permitted or authorized to drive a vehicle owned, leased or rented by the State or drive a personal vehicle on state business for 12 months from the time the agency becomes aware of your high risk status.

A “High Risk” driver is an employee who has:

- 1) Three or more convictions, guilty plea or nolo contendere plea (i.e. not contesting charge) for moving violations within the previous 12 month period; or
- 2) A single conviction, guilty plea or nolo contendere plea for operating a vehicle while intoxicated, hit and run driving, vehicular negligent injury, reckless operation of a vehicle, or similar violation within the previous 12 month period.

An employee who has pled or been convicted as outlined in Numbers 1 and 2 above may also be subject to disciplinary action or removed from employment based on the employee’s job requirements.

I have received this notice on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. I understand that I will remain on the unauthorized drivers list for a period of 12 months and receive retraining in Defensive Driving at the end of the 12 months.

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Safety Officer/Witness