

Certification of Employment

Commercial Motor Vehicle Operator -

Public Schools

Instructions:

If you do not have any other job except driving for _____ of the _____ Public Schools, please fill out the top portion "Sole Employer" section and return to a trainer.

Sole Employer

I hereby certify that **I am not performing compensated work for any employer other than _____ Public Schools** and that the hours shown on my daily trip sheets are true and accurate. If my status changes in the future I understand that I must start reporting to Littleton Public Schools all time worked for any other employer(s), as required by the Colorado Department of Education (CDE).

Driver (Print) _____ Driver Signature _____ Date _____

Trainer's Signature: _____ Date _____

Additional Employer(s)

Instructions:

If you have a job in addition to driving for _____ Public Schools, it is your responsibility to fill out the following section for "Additional Employers" weekly and turn into the training department each Monday for the previous seven days if your work hours are different than the previously reported week.

I understand I am required and I agree to report all hours I work for any employer(s) other than _____ Public Schools, pursuant to 1 CCR 301-26, 4204-R-229.01 (a) – (b) – (c) (CDE Operation of Transportation Vehicles).

I understand that my **daily total on-duty time for all employers may not exceed 14 hours**, following 10 hours off duty. This **on-duty time** would include all employers. Ten (10) hours off duty may be consecutive or accumulated in two or more periods of off duty time with one period having a minimum of 6 consecutive hours off duty.

I understand I may not be on duty more than 70 hours in any seven consecutive days.

On duty time includes all time worked for any and all employers, including all driving and non-driving duties.

I hereby certify that the information I have provided in the "Duty/Driving Time Record" (below) is true and accurate to the best of my knowledge and belief.

Duty/Driving Time Record

Name/Address Other Employer _____

Driver Name (Print) _____ SSN XXX-XX- _____

Driver Signature _____ Date _____

Trainer's Signature: _____ Date _____

DAY	SAT	SUN	MON	TUE	WED	THU	FRI	TOTAL WEEKLY
Dist.								
OTHER								
TOTAL DAILY HOURS								