PROCEDURES FOR: Policy on the Use of University-Owned and Rented Vehicles

Effective Date: January 4, 2021
Policy #: 02.114.1

Introduction

University-owned and rented vehicles are available for employees and students approved as authorized drivers, while traveling on University Business or associated activities. University Activities include functions that promote the operations of the institution or enhance the educational process (i.e., athletic events, student recruitment, conferences, course field trips, etc.).

Questions regarding these procedures should be directed to the Director of Risk Management at (401) 874-2591.

These procedures, as amended from time to time, have been established to ensure compliance with the associated policy.

Procedure or Standard

Authorized Drivers must meet the following criteria in order to use University-owned or rented vehicles.

All University Approved Drivers must:

1. Possess and maintain a valid driver’s license;
2. Be at least eighteen (18) years of age to drive a University-owned or rented vehicle unless otherwise prohibited by the rental company’s requirements;
3. Be at least twenty-five (25) years of age to drive a University owned or rented/leased 12-15 passenger van;
4. Be on the University list of approved Authorized Drivers (maintained by the Office of Risk Management).
5. Be traveling on University Business only. Personal use is prohibited per this policy.
6. Follow vehicle use guidelines as established in this policy.
7. Authorized Drivers of 12-15 passenger vans must complete the 15 Passenger Van Training on the Risk Management website prior to driving a University-owned or rented 12-15 passenger van.
Procedures for Authorized Driver Approval

1. Complete the Authorization Driver Request Form (Attachment A) and have signed by the appropriate Department Head. This form requires the employee/student to grant consent to the University to access personal MVR information, and complies with the Federal Driver's Privacy Protection Act. This form must be submitted at least two (2) weeks prior to use of a University-owned or rented vehicle. Individuals may be disqualified from vehicle privileges for reasons including but not limited to the following:
   
   a. Motor vehicle violations
   b. DUI conviction
   c. Determined to be high risk by the Risk Management Department
   d. Misuse of University vehicles

2. Print and sign the Authorized Driver Responsibility Acknowledgement Form (Attachment B)

3. When driving a University owned or rented 12-15 passenger van, authorized drivers must take online training annually. Please see link below for 15 Passenger safety training course on the risk website. [https://web.uri.edu/riskmanagement/15-passenger-van-driving/](https://web.uri.edu/riskmanagement/15-passenger-van-driving/).

**GRACE PERIOD:** For this initial rollout of this policy, all current employees using University-owned or rented vehicles and identified to be Authorized Drivers have until **June 30, 2021** to submit all necessary forms. Any employee who has not been certified as an Authorized Driver by July 1, 2021 must immediately cease the use of any University-owned or rented vehicle until receiving their Authorized Driver certification from the Office of Risk Management. Noncompliance with this policy and its associated procedures may be subject to disciplinary actions.

**Motor Vehicle Record Checks and Driver Authorization**

The Risk Management department will process MVR checks through an online service at no cost to the University employee, student, or department, except for Auxiliary Service Centers, which will be charged back associated MVR costs on an annual basis. The Office of Risk Management will recertify Authorized Drivers every two (2) years and will maintain all records in the University's Authorized Driver database. The Office of Risk Management will use the MVR scoring chart found in the policy on Use of University-Owned and Rented Vehicles to determine eligibility for Authorized Driver approvals. Risk Management will notify department heads if an Authorized Driver application is denied.

**Accident Reporting**

In case of an accident, occupants of a University vehicle are to:

1. Remain at the scene of the accident and;
2. Contact the nearest law enforcement agency:
   
   a. If the incident occurred on campus, contact Campus Police.
   b. If the incident occurred off-campus, contact the local/state police department for that jurisdiction
3. Complete the State Fleet Accident Statement Form (Attachment B) including, as much detail as possible:
   
   a. Owner/driver name of all other vehicles involved;
   b. Names and contact information of all witnesses, if possible;
   c. Name of responding police agency;
   d. Reference number on police report.
Policy Forms
Attachment A: Authorized Driver Request Form
Attachment B: Authorized Driver Responsibility Acknowledgement Form
Attachment C: State Fleet Accident Statement Form

Exceptions
None
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Attachment A

DRIVER AUTHORIZATION REQUEST FORM

Please type or clearly print all information exactly as it appears on your Driver’s License. Submit form to the Office of Risk Control and Insurance at least two weeks prior to use of a University-owned or rented vehicle.

Driver Name (First): ___________________________ (MI) ___________________________ (Last) ___________________________ DOB* __________
*Date of Birth only required if driver’s license issued by states other than RI

Employee/Student ID # ___________________________ Email Address ___________________________

Driver’s License # ___________________________ State issued by ___________________________

Purpose for Use: ___________________________

Check One: Faculty ☐ Staff ☐ Student ☐ Check One: Full Time ☐ Part Time ☐ Other ☐

Acknowledgement

I hereby give my consent for the University of Rhode Island to complete a background check on my driving record in accordance with the University of Rhode Island’s Policy of University-Owned or Rented Vehicles for authorized drivers. As part of this procedure, the University of Rhode Island has my permission to order Motor Vehicle Records (MVRs) from any and all states in which I currently have or had a driver license. I understand that the University has an established MVR review policy that my driving history will be compared against to determine my driving eligibility for the University. I further understand that failure to release consent for the University of Rhode Island to conduct a background check on my driving record means, at a minimum, that I forfeit my driving privileges for University-Owned or Rented Vehicles. If I forfeit my driving privileges and my employment duties at the University of Rhode Island include driving, my duties will be reviewed to determine alternative methods to continue my duties without driving privileges for the University or what other non-driving duties the University will require.

Driver Signature: ___________________________ Date: ___________________________

Department: ___________________________ Dept. Head/ Manager: ___________________________

Signature (Department Head/Manager): ___________________________ Date: ___________________________

Risk Management Use Only

Approved: ☐ Date: ___________________________ Valid Through: ___________________________ Denied: ☐

Notes: ___________________________

_______________________________________________________________________________________
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Attachment B

Authorized Driver Responsibility Acknowledgement

1. The driver shall use University-owned or rented vehicles only for University-related business.

2. The driver shall always use a seat belt, and shall ensure that all occupants use seat belts or other occupant restraints, when operating a University-owned or rented vehicle.

3. The driver shall operate the University-owned or rented vehicle in accordance with University, State, and Federal regulations, shall know and observe all applicable traffic laws, ordinances, and regulations, and shall use safe driving practices at all times.

4. The driver shall not permit an unauthorized driver to operate a University-owned or rented vehicle. In case of an emergency, the qualified driver shall contact the Office of Risk Management for an authorized exception.

5. The driver shall assume all responsibility for any and all fines or traffic violations associated with the use of a University vehicle or other vehicle used to transport others on behalf of the University.

6. The driver shall not drive under the influence of drugs or alcohol and shall not allow alcohol or controlled substances to be present in the vehicle.

7. The driver shall not transport unauthorized passengers such as hitchhikers, family, or friends. Only persons directly involved with the activity may ride in vehicle unless given express permission by the department head authorizing the trip.

8. When driving a 12-15 passenger van, the driver must be twenty-five (25) or older and complete the online training course on the Risk Management website.

9. The driver shall turn off the vehicle’s engine, remove the keys, and lock the vehicle whenever the driver leaves the vehicle unattended.

10. The driver shall observe all posted speed limits and shall travel at speeds slower than posted limits when justified by weather or road conditions.

11. The driver shall drive a University-owned or rented vehicle only on roads approved for use by passenger vehicles.

12. The driver shall report all accidents to the Fleet Manager by completing the State Fleet Accident Statement form.

13. Any change to an individual’s driving record that affects their ability to meet the Minimum Driver Qualifications must be reported to both the individual’s supervisor and the Office of Risk Management within forty-eight (48) hours.

14. The University may also require a driver to complete additional on-line driver training as a prerequisite or continuance of approval as an Authorized Driver.

15. Failure to comply with this policy may be cause for the University to revoke an Authorized Driver authorization and disallow the use of any University Vehicles for that individual.
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- I have read the foregoing responsibilities and agree to abide by all of the terms included herein.

___________________________________________________  
Printed Name  

___________________________________________________  
Signature

Department  

___________________________________________________  
Date
RHODE ISLAND STATE FLEET
ACCIDENT STATEMENT FORM

ACCIDENT STATEMENT

Print Name

Personal Telephone Number

Address

Work Telephone Number

Date and Time of the Accident

Location

Please be as detailed as possible and include name and contact information for all involved parties, passengers, witnesses, responding police department and police report number.

I, ________________________________, hereby make the following statement:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

I swear (or affirm) that the information in the statement above and on any ___ attached page(s) is true to the best of my knowledge or belief.

(Signature) ____________________________________________________________________________

(Date) ___________________________ Time ___________________________

* Please forward completed form to the University Fleet Manager