

**MARKLUND**  
**HUMAN RESOURCES POLICY AND PROCEDURE**

POLICY NO.: 7.1

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SUBJECT: Driving Policy

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DEPARTMENTS AFFECTED: All

APPROVED BY: Ldrshp

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ISSUE DATE: 7/1/95

REV. DATE: 8/21/95, 8/01/10, 1/1/11,

EFFECTIVE DATE: 7/1/95

11/08/23

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PURPOSE: To ensure the safe transportation of staff, residents, and volunteers while employees are operating Marklund owned/leased vehicles.

SCOPE: All employees who operate Marklund vehicles and/or their private vehicles on Marklund business (receiving mileage reimbursement)

POLICY/PROCEDURE:

**1. Vehicles:**

- All traffic laws must be obeyed
- Drivers and passengers are required to use seat belts. The driver shall ensure that any resident in a wheel chair is legally strapped down.
- Smoking or use of any tobacco and/or vapor product is not allowed while operating a Marklund-owned vehicle.
- The use of cell phones for any reason (including texting) is prohibited while operating a Marklund-owned vehicle. When driving a personal vehicle on Marklund business, the use of cell phones for any reason is strongly discouraged. Employees must follow all state and city laws in regards to use of cell phones while driving.

**2. Responsibilities:**

a) Human Resources Department

- At the time of employment, and at least annually, the Human Resources Department will conduct a driver's license record check through the Department of Motor Vehicles.
- The Human Resources Department will notify the Director of Facility Services and the employee's Supervisor (when applicable) if the results of any employee's driving record check reflects an invalid license, an unsafe driving record, or no insurance coverage
- The Human Resources Officer will then determine if the employee is eligible to maintain his or her current position or apply for a non-driving position

b) Employee Requirements

- Employees will be required to complete and pass the Marklund Safety Vehicle Program before driving a Marklund-owned vehicle.

- Employees must maintain a valid Illinois driver's license, a safe personal driving record, and proof of insurance. A safe record for the purpose of this policy is defined as the following:
  - No more than two moving violations in a twelve (12) month period, or
  - No more than three moving violations in a twenty-four (24) month period, or
  - No DUI's (Driving Under the Influence) within the past thirty-six (36) months
  - Employees are required to report any personal moving violations within 10 days of the incident to a representative of the Human Resources Department
  - Any accident that involves serious injury or death of another person within the last five years.

It is the employee's responsibility to report any moving violations received outside of their scope of employment within ten days of the incident. The Human Resources Department has forms an employee must fill out. These forms will be collected annually to compare against their driving record from the DMV. Any discrepancies may result in developmental action up to and including termination.

- Fines associated with moving violations or parking tickets are the responsibility of the employee and they will be deducted from your paycheck.
- In accordance with our Developmental Action Policy 3-5, any moving violation received by an employee driving a Marklund owned vehicle that endangers the safety of our residents/students or others may result in the suspension of the employee.
- Any employee involved in a moving violation, including accidents, will have his/her driving record reviewed and driving privileges may be suspended or revoked. The Chief Human Resources Officer will recommend if the employee should be removed from his/her position and if he/she is eligible to apply for another position within the organization.

**MARKLUND  
DRIVING RECORD CERTIFICATION**

1. Check one block below to indicate the purpose of your certification at this time:  
 Initial Certification for permission to drive a Marklund vehicle or personal vehicle for Marklund business.  
 Annual Re-certification (after initial appointment).  
 Special Re-certification (suspension of license)
  
2. Do you now have a motor vehicle operator's license?  Yes  No  
  
If "Yes", indicate state and number \_\_\_\_\_
  
3. If you have a motor vehicles operator's license, is it suspended?  Yes  No  
  
If "Yes", explain (date and reason) \_\_\_\_\_
  
4. Report below all of your traffic accidents, violations, and/or citations (including parking citations) during the last two (2) years (last year only for re-certifications):

I understand that I may not drive in an official capacity (either official or private vehicle) without a valid Illinois Motor Vehicle Operator's License and Insurance. I will report promptly any suspensions of my operator's license, loss of insurance coverage, or moving violations to the Administrator of Facility Services and will refrain from driving in an official capacity during any period when my license or insurance is suspended or is otherwise invalid. I understand failure to do so may be subject to disciplinary action.

Employee Signature \_\_\_\_\_ Job Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Human Resources Representative \_\_\_\_\_