

University of Michigan-Flint

Employee Golf Cart Authorization

(This form shall be completed by all employees prior to assignment to operating a golf cart.)

Department: _____

Employee Name: _____

UMID: _____ Job Title: _____

Name of Supervisor: _____

(Employee completes this section)

By signing below I acknowledge that:

- I have read, understand the terms and conditions, and will comply with the University Golf Cart Safety Policy.
- I have been provided with the opportunity to ask questions related to this policy.
- I have passed the golf cart safety written examination and successfully demonstrated knowledge of golf cart operation.
- I possess a valid driver's license. (Attach a copy)

Employee Signature / Date: _____

(Training supervisor completes this section)

By signing below I acknowledge that:

- I attest that the above information is accurate and I have witnessed that the employee has demonstrated knowledge of golf cart operation.

Supervisor Signature / Date: _____

****This form is invalid if supervisor signature is not present****
***** This form is to be maintained in the employees' departmental file for a minimum of 3 years*****