

Transportation Employment Exception Verification Form

Please fax or mail this application and necessary documentation to DVHA at above contact info

Employee Name: _____ DOB: _____

If known, name of family member needing ride: _____

This is to certify that this employee's work schedule is such that they are unable to leave the premises to travel home to provide transportation to a family member for an appointment.

WORK SCHEDULE:

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

If the family member's work schedule is variable, please explain how the schedule can vary.

Signature of Authorized Representative: _____ Date: _____

Name: _____ Title: _____

Company Name: _____

Work Phone: _____ Fax Number: _____