



CITY OF SAN ANTONIO

PRIMARY DRIVER DESIGNATION ACKNOWLEDGEMENT

I acknowledge that on _____, 20____, I was notified by my department that my position is considered to be a Primary Driving position as defined in AD 4.3, Alcohol and Controlled Substance Testing, and AD 4.8, Driver Safety Program.

As such, I understand that I am subject to random drug testing, and that I may be disqualified from my driving position if I incur multiple driving offenses which are found on my Department of Public Safety's motor vehicle report (MVR). If I am unable to perform the essential functions of my job I may be subject to discipline, up to and including termination. If I have questions regarding my Primary Driver status I should contact my supervisor or my Human Resources Representative.

Employee Name (Print)

Department

Employee Signature

SAP ID #