

MUNICIPALITY OF THE DISTRICT OF ARGYLE POLICY AND ADMINISTRATION MANUAL	REFERENCE NUMBER _____
SECTION ADMINISTRATION	SUBJECT DRIVER ABSTRACT POLICY

1. PURPOSE

1.1. Municipality of Argyle employees who operate a motor vehicle as part of their regular job duties will be required to provide the company with a driver abstract. This measure has been adopted to ensure the health and safety of our employees and the public at large, and to protect the property and best interests of the organization.

2. DEFINITIONS

2.1. Driver Abstract - a 5-year record of a driver - includes information such as a driver's name, licence number, class, expiry date, conditions/restrictions, and/or status information.

3. GUIDELINES

Municipality of Argyle requires all employees who, for their position, are required to operate a motor vehicle to obtain a Driver Abstract through Service Nova Scotia. Driver Abstracts are valid for 5 years, upon which employees of Municipality of Argyle will be required to obtain a new one. Eligibility to drive a company vehicle is dependent on the adequate results of the Driver Abstract obtained by employee.

Municipality of Argyle has the right to ensure the safety of its employees and the public at large; if an employee receives an inadequate driver abstract, Municipality of Argyle has the right to revoke the employee's use of any company vehicles.

In the event that an employee's position is dependent on driving a motor vehicle, and the Driver Abstract obtained is severely inadequate, Municipality of Argyle has the right to revoke employment of the employee. Management will review all cases on a situational basis to determine the outcome of employment for the employee with Municipality of Argyle.

To order a Driver Abstract, you will need:

- Your Nova Scotia Driver's License Master Number or your name and address;
- A valid credit card (Visa, MasterCard, American Express)

4. ACKNOWLEDGEMENT AND AGREEMENT

I, (Employee Name), acknowledge that I have read and understand the Driver Abstract Policy of Municipality of Argyle. Further, I agree to adhere to this policy and will ensure that employees working under my direction adhere to this policy. I understand that if I violate the terms of this policy, I may be subject to disciplinary action, up to and including termination of

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employment.

Name: _____

Signature: _____

Date: _____

Witness: _____

Chief Administrative Officer's Annotation for Official Policy Book

Date of Notice to Council Members
Of Intent to Consider [7 days minimum]:

Date of Passage of Current Policy:

I certify that this Policy was adopted by Council as indicated above.

Warden

Date

Chief Administrative Officer

Date