



DRIVING DUTIES AGREEMENT

(Please read the following statements, sign below, and return to the Human Resources office.)

I, _____, I have read and understand My School ITALY's Driver Policy, and I agree, in the event that I am ever found to be uninsurable, or that I lack a clean driving record or a valid and current driver's license, that if necessary, I will accept whatever alternative assignment My School ITALY may give me and that I understand that a reduction in pay, change in hours, change in duties, and/or change in work location may result from the reassignment. I further understand that My School ITALY does not and cannot guarantee that any particular reassignment will be available in the event of a problem with my driver's license, driving record, or insurability as a driver, and that if no reassignment is possible, termination of my employment may occur.

Signature of Employee

(Employee's Name - Printed)

Email:

Date