

UC MERCED EMPLOYER PULL NOTICE REQUEST/VERIFICATION

Driver: Work with Supervisor/Contact to complete form. Take completed form and valid driver's license to an intake designee for verification. Incomplete submissions will not be accepted. Please allow up to 10 business days for processing. For more information visit risk.ucmerced.edu/DMV-EPN

Driver Information (Please type or print clearly)

Name as it is on License: _____ Date of Birth: _____

Driver License Number: _____ State: _____ Expiration Date: _____

UC Merced Email Address: _____

Driver Affiliation Faculty Staff Affiliate Undergraduate Student Graduate Student

Department: _____ Date of Request: _____

Supervisor Name/Phone/Email: _____

Other Contact (non-student): _____

Driving is listed in Driver's Position Description

Type Position ID: _____ Title: _____

of Frequent / Regular Driver (Driving is not listed in Position Description)

Driver Infrequent / One-time Driver

Pre-Employment Only (Unmonitored, until notice of hire)

Other: _____

I, _____, authorize the information obtained through the Employer Pull Notice Program to be shared with my supervisor and contact listed above, indefinitely. I understand the results may be shared with Risk Management, Ethics and Compliance Office, Transportation and Parking Services, and as applicable, Human Resources, Academic Personnel or Student Employee Services. I can revoke this authorization by providing written notice to UC Merced Risk Management.

Driver Signature

Date

Verification to be Completed by Intake Designee

_____ was verified as belonging to Driver named above and person submitting form.

Driver's License Number

Signature of Designee _____ Date Verified _____

Print Name _____ Department _____

The Intake Designee shall submit the verified form to the Pending box folder.

File naming convention: Driver's Last Name, First Name, MI, Submission Date (MMDDYY)