

Vehicle Accident Prevention and Safety Acknowledgement

Virginia Commonwealth University

I hereby acknowledge and agree that:

1. I have received and read a copy of the *Vehicle Accident Prevention and Safety* policy and agree to abide by this policy.
2. I understand and will comply with the rules and regulations outlined in this policy.
3. this original acknowledgement will be placed in the departmental personnel file and maintained by my department.

Name of Employee (printed)

Employee Signature

Date

Name of Supervisor (printed)

Supervisor Signature

Date