

Driver Furlough, Layoff or Leave of Absence

COMPANY TO COMPLETE AT BEGINNING OF ABSENCE

Driver Name: _____

Date Absence Began: _____

Date Driver Returned: _____

I certify that the above named driver is expected to remain employed with the company and is available for safety sensitive functions and drug or alcohol testing as required. Should any driver qualification items, certifications or licenses lapse during this period, the driver shall not be permitted to operate a commercial motor vehicle until such time as all required items have been brought current.

Company Representative: _____

Date: _____

DRIVER TO COMPLETE UPON RETURN FROM ABSENCE

During this period of absence, I _____ performed work for another employer(s).

_____ did not perform work for any employer.

Driver Signature: _____

Date: _____

RECORD ANY WORK CONDUCTED DURING THE ABSENCE ON THE EMPLOYMENT RECORD FORM. IF DRIVER PERFORMED SAFETY SENSITIVE WORK, CONDUCT PREVIOUS EMPLOYER SAFETY INQUIRIES IN ACCORDANCE WITH 391.23.

ENSURE YOU RECEIVE RECORDS OF DUTY STATUS FOR THE PREVIOUS 7 DAYS OR AN HOURS OF SERVICE RECORD FOR FIRST TIME OR INTERMITTENT DRIVERS.