Department: Transportation
Policy Number: TRN-F085
Effective Date: 9/24/26

The online version of this policy is official. Therefore, all printed versions of this document are unofficial copies.

Request for Transportation Employee Perquisite

This request is intended to complement Clarksville-Montgomery County School System Policy HUM-A059. Please complete the form in its entirety and submit it to the Senior Fleet Supervisor for review.

Student Name: _____ Grade _____
School Attending: _____

Parent Name: _____ Bus # _____
Parking Location: _____
Schools Serviced: _____

Duration for the request:

- School Year: _____
- Temporary: _____
- Time frame requested: _____

By signing this form, I acknowledge that I have read, understand, and agree to follow the work instructions associated with this request (TRN-W010). I also acknowledge that I have signed the waiver and release (TRN-F086).

_____ _____
Employee Signature Date

Student Transportation Manager Only:

☐ Approved
☐ Denied

_____
Student Transportation Manager Signature