

**Transportation Employment Exception Verification Form**

Please fax or mail this application and necessary documentation to DVHA at above contact info

Employee Name: \_\_\_\_\_ DOB: \_\_\_\_\_

If known, name of family member needing ride: \_\_\_\_\_

This is to certify that this employee's work schedule is such that they are unable to leave the premises to travel home to provide transportation to a family member for an appointment.

**WORK SCHEDULE:**

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

If the family member's work schedule is variable, please explain how the schedule can vary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_