Purpose: This policy outlines the process for early reinstatement of official driving privileges for those employees who are designated as High Risk drivers.

Background: High Risk drivers are those individuals:
- Having three or more convictions, guilty pleas, and/or nolo contendere pleas for moving violations within the previous 12 months or
- Having a single conviction, guilty plea, or nolo contendere plea for operating a vehicle while intoxicated, hit and run driving, vehicular negligent injury, reckless operation of a vehicle, or similar violation within the previous 12 month period.

So that LSUHSC may effectively manage the driver safety program in accordance with State of Louisiana requirements, employees shall immediately report any revocation of their driver’s license or any of the violations listed above to their supervisor, but no later than the next scheduled work day. The supervisor will then immediately notify Jenna Wright at jwrig9@lsuhsc.edu. Said reporting applies to whether on state or personal/private business and whether in a state or personal/private vehicle.

Per the State of Louisiana Office of Risk Management, High Risk drivers shall not be authorized to drive vehicles on state business from the date of discovery for a minimum of 12 months. Exceptions are permitted in cases where the revocation of official driving privileges will have a significant impact on LSUHSC’s mission.

Process: If an employee is found to be a High Risk driver either due to self-reporting or as a result of the annual review of the individual’s official driving record, the Executive Director of Environmental Health and Safety will notify the supervisor that the employee is suspended from driving on official business for the following 12 months. The supervisor will then notify the employee of the suspension.

If the suspension of driving privileges will have an adverse effect on LSUHSC operations because the employee is required to drive their personal vehicle on a regular and recurring basis, the employee, on the recommendation of their supervisor, may request a waiver of the suspension. Although exceptions may be made in extenuating circumstances, the waiver will generally only be considered if timely notification of all of the violations listed above were made to the supervisor and the Driver Safety Program Manager.

The waiver process starts with the supervisor verifying that the following prerequisites are complete:
- If the driver’s license was previously suspended or revoked, the employee currently possesses a “hardship”, temporary or new driver’s license and any court mandated programs have been completed.
- The employee possesses a current proof of insurance certificate
- The employee has completed the remedial driver safety training via the on-line Knowledge Delivery System.

The employee will then sign the High Risk Driver Waiver Employee Acceptance Form (enclosure 1), acknowledging the one year probationary period from the date of approval by the Driver Safety Advisory Committee and that driving privileges will be terminated upon a subsequent high risk driving offense.
The supervisor will then complete the top portion of the LSUHSC High Risk Driver Affidavit (enclosure 2) and submit it to the Department Head along with:

- The High Risk Driver Waiver Employee Acceptance Form signed by the employee and the supervisor
- A memorandum from the supervisor with the following information:
  - Verification of completion of the prerequisites.
  - Length of employee employment.
  - Employee accident history.
  - A copy of the employee’s current official driving record.
  - Employee’s disciplinary record.
  - Description of why driving is an essential function of the employee’s work.
  - The condition and severity of the occurrence attributing to the violation(s) and/or loss of their driver’s license.

If the Department Head concurs with the waiver request, he/she will sign enclosure 2 and forward all documentation to the Chair of the Driver Safety Advisory Committee. The committee is chaired by the Vice Chancellor for Administration, and includes the Vice Chancellor for Finance and the Vice Chancellor for Academic Affairs.

The Driver Safety Advisory Committee will review all documentation and then make their recommendation on enclosure 2.
I, ________________________________, hereby agree to the requirements of the LSUHSC High Risk Driver policy. I fully understand that I will be on probation from the date of concurrence by the LSUHSC Driver Safety Advisory Committee and that my LSUHSC driving privileges may be terminated for further High Risk driving offenses.

__________________________________  ____________________________
(Employee Signature)               (Date)

__________________________________  ____________________________
(Supervisor Signature)              (Date)

__________________________________  ____________________________
(Department Head)                  (Date)
LSU HEALTH SCIENCES CENTER
HIGH RISK DRIVER AFFIDAVIT

Please be advised that __________________________ of the ______________________
(Print Name)
Department gave notification on ______________________ of:
(Date)

A third conviction, guilty plea, and/or nolo contendere plea for a moving violation within the previous 12 months, or
A conviction, guilty plea, or nolo contendere plea for operating a vehicle while intoxicated, hit and run driving, vehicular negligent injury, reckless operation of a vehicle, or similar violation.

That occurred on ______________________. I respectfully recommend that a waiver be
(Date)
requested to retain his/her driving privilege conditions stipulated in the LSUHSC-NO
High Risk Driver Policy.

Date submitted to the Department Head ______________________________

__________________________________________
Supervisor

______________________________
Title

*************************************************************************
I have reviewed this request for a waiver in accordance with the LSUHSC High Risk
Driver Policy. I concur and recommend that this case be reviewed by the LSUHSC
Driver Safety Advisory Committee.

__________________________________________
Department Head

Date

*************************************************************************

The LSUHSC Driver Safety Advisory Committee has reviewed this request for a waiver and
recommended the following action:

CONCURRENCE ▲
NON-CONCURRENCE ▲

______________________________
Chairperson, Driver Safety Advisory Committee

Date

Enclosure (2)