



School District of Holmen

Coach/Advisor School Bus Driver

Acknowledgement and Agreement

I hereby acknowledge and agree that the candidate listed below has my permission to take part as a Coach/Advisor School Bus Driver. If there is any change in the candidate’s ability that would no longer allow him/her to meet the position’s qualifications or essential functions, I am to notify the Transportation Director immediately.

Position Title: Coach/Advisor School Bus Driver

Candidate Name: _____

Cocurricular Event: _____

I understand driving my team/group is strictly voluntary. I understand there will be no guarantee/assurance that an extra trip route will be made available by the District. I understand the rate of pay will align with the current Extra Trip Rate. I meet the required minimum of 21 years in age.

I, _____ agree to all terms above. _____

(Signature of Applicant)

(Date)

(Signature of Applicant’s Primary District Position Supervisor)

(Date)

(Signature of Transportation Director)

(Date)

- cc: Applicant
- Primary Supervisor
- Director of Transportation
- File

Proceed Stop Process

Participants in the Coach/Advisor CDL Driving Program will be paid the current **Extra Trip Rate** for driving AND be compensated the same amount for time spent at the event. Time at team/group meal breaks in route and overnight time is not considered paid time.