



## Employee Transportation Request Form (Form T011)

**Employee Name:** Click here to enter text.

**Employee Email:** Click here to enter text.

**Employee Phone Number:** Click here to enter text. **FAX:** Click here to enter text.

**Employee works at:** Choose an item.

**Date of Submission:** Click here to enter a date.

**Student Name:** Click here to enter text.

**Student ID Number:** Click here to enter text.

**School of Attendance:** Choose an item.

- I am requesting **AM** bus service between the following locations: **From** Choose an item. **To** Choose an item.
- I am requesting **PM** bus service between the following locations: **From** Choose an item. **To** Choose an item.

**The district is striving to help employees by allowing them to utilize existing bus connections between specific schools. Please read the criteria for service listed below:**

1. These services are only available to employees of the district.
2. Only existing connections between schools will be utilized. Additional route adjustments will not be designed to serve individual request.
3. All bus service between schools will be based on the “choice” schools for each facility as described in Administrative Regulation JBC – R (1).

Please complete this electronic form and e-mail it to [businfo@gscs.org](mailto:businfo@gscs.org). Please place your name and “employee request” in the subject line. All responses will be returned by e-mail.

### Transportation Department Use Only:

1. Complete : \_\_\_\_\_
2. Compliant: \_\_\_\_\_
3. Approved: \_\_\_\_\_ Denied: \_\_\_\_\_
4. Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Response Date: \_\_\_\_\_ Initial: \_\_\_\_\_