

Transportation Employment Exception Verification Form

This form needs to be completed by the member's employer.

Please fax or mail this form and necessary documentation to DVHA at the 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: _____