

Transportation Request Procedure

1. Complete a transportation request form in the high school front office or in district office.
2. **Dr. Jenkins or Administrator must approve** the request by signing the form after all pertinent information is completed. If not signed-NO vehicle will be issued.
3. Turn in the approved form into the District office, attention Esther Cazares **at least five days prior to departure.** (Please place on her keyboard if she is not there).
4. **For Van or Buses requests ONLY** - Ms. Cazares will fax the form to Liza Rodriguez, Transportation Director, Eloy Elementary Bus Barn.
5. **Van or Bus requests ONLY** can be picked up along with keys and request form from Ms. Rodriguez at the Eloy Elementary Bus Barn, **413 11th Street, Eloy AZ 85131** on the requested date. (If other arrangements need to be made, please contact Ms. Rodriguez at the number below on arrangements).
6. **You should confirm** your request by calling Ms. Rodriguez two days prior to your trip/vehicle request date.
7. Vehicle, keys, and Vehicle Inspection & Trip ticket form to be returned to Ms. Rodriguez at the bus barn upon return.
8. **For District Vehicles ONLY** (Ford Fusion and Ford Explorer) repeat steps 1, 2 and 3. These vehicles can be picked up on high school campus; Mrs. Cazares will issue key and credit card (if necessary).
9. Upon return of vehicle, return key, credit card and bottom portion of Transportation Form filled out to Mrs. Cazares along with gas receipts if applicable.

SCVUHS District outsource their transportation to Eloy Elementary School District. Contact information:

Liza Rodriguez, Transportation Director
Eloy Elementary Bus Barn
413 11th Street, Eloy AZ 85131
Hours: 5:00 am—6:00 pm Monday--Friday
520-466-2106 or 520-709-6259
Fax 520-466-7191
lrodriguez@scvuhs.org or
liza.rodriquez@eloyesd.net

SANTA CRUZ VALLEY UNION HIGH SCHOOL DISTRICT

Transportation Request Form

Fax 520-466-7191

Today's Date: _____

Date Vehicle is needed: _____

Approx # of passengers: _____

Date of Pick-up: _____

Requested **Pick- up Time:** _____

Estimated **Vehicle Return Date:** _____

Drop- off time _____

Requester: _____ Vehicle Requested: _____

Driver (s): _____ / _____

Event Name: _____ Destination: _____

Employee Signature: _____ Transportation Signature: _____

Administrator Approval: _____

Date given to Mrs. Cazares: _____

Beginning Odometer Reading: _____/Ending Odometer Reading: _____

Total Miles: _____

Gas Card Issued: Yes _____ No _____

Gas Card Number: _____

Gas Card Receipts: Yes _____ No _____ Gas Card Returned: Yes _____ No _____ Date: _____

Gas Card Receipts to Esther Cazares: Yes _____ No _____

Maintenance Required on Vehicle: Yes _____ No _____

List Items of Concern/Repairs needed:

