



STATE CENTER COMMUNITY COLLEGE DISTRICT TRANSPORTATION REQUEST



*Approved Charter Bus Requests & Itinerary must be at the District Transportation Office at least **3 weeks** prior to departure date.*

*Approved Vehicle Rental Requests must be at the District Transportation Office at least **5 business days** prior to departure date.*

1. **DRIVERS:** Must be enrolled in the CA Pull Notice Program & have an acceptable driving record. (**Allow 2 Weeks for Enrollment**)
2. **REQUESTOR:** Complete form, save it and send it as an e-mail attachment to your immediate supervisor for approval.
3. **IMMEDIATE SUPERVISOR:** Forward the approved e-mail to their vice president for approval and cc the requestor.
4. **VP OR ABOVE:** Forward an approval to transportation@sccd.edu, with a cc to immediate supervisor and requestor.
5. **BUS REQUESTS:** Will be scheduled once the District Transportation Department has received an approved **Transportation Request** & a **Detailed Bus Itinerary**. A **Bus Passenger Roster** must be submitted prior to bus departure.
6. **VAN REQUESTS:** Will be scheduled once the District Transportation Department has received an approved **Transportation Request** and the drivers listed have an approved status in the CA Pull Notice Program.
7. **TRANSPORTATION DEPARTMENT:** Will schedule an outlook event with the Point of Contact once the trip has been scheduled. Trip Information will appear on your SCCCD Outlook Calendar.

VEHICLE PICK-UP OR BUS DEPARTURE DATE & TIME VEHICLE PICK-UP OR BUS RETURN DATE & TIME

Month Day Year Time a.m. p.m.
Month Day Year Time a.m. p.m.

Name of Requester Today's Date Point of Contact (POC) For Trip POC Cell Phone

Division Department or Co-Curricular Activity Budget Number (REQUIRED) xx-xx-xxxxxx-95320-xxx

PURPOSE OF TRIP:

PICKUP LOCATION:

DESTINATION: (Be specific, include City & State)

TOTAL NUMBER OF PERSONS TO BE TRANSPORTED

OF WHEELCHAIRS:
2 MAX: Each Wheelchair Takes the place of 4 Seats.

PASSENGER LIST FOR STAFF DRIVEN VEHICLES

Name	Emergency Number	Driver <input type="checkbox"/>

Name	Emergency Number	Driver <input type="checkbox"/>

SELECT THE TYPE OF VEHICLE REQUESTED (Passenger Count)

- | | | | |
|--|-----------------------------|--|--|
| Standard Sedan (4) | Full Size Sedan (5) | Minivan (7= Driver + 6) | Charter Bus <small>Wheelchair Accessible</small>
4 WEEK NOTICE & Itinerary Required |
| Cargo Van (2)
<small>1122 N Abby Only</small> | Large Van (12= Driver + 11) | Large Van (15=Driver + 14)
<small>Commercial License Required</small> | Charter Bus (56 or Less)
<small>Itinerary Required</small> |

For more specific information, refer to the [TRANSPORTATION PAGE](#) on the District Intranet.

Links are provided below for your convenience and are accessible from District approved locations only.

- [CHARTER BUS](#)
 [BUS ROSTER FORM](#)
 [DMV AUTHORIZATION](#)
 [VEHICLE RENTALS](#)
 [ENTERPRISE](#)

Department or Division Supervisor

I HAVE VERIFIED THE BUDGET NUMBER AND APPROVE ALL EXPENSES ASSOCIATED WITH THIS TRIP.

Vice-President or Higher

I HAVE VERIFIED THE BUDGET NUMBER AND APPROVE ALL EXPENSES ASSOCIATED WITH THIS TRIP.