



Auto Policy

I, _____, understand that it is my obligation as a Providence Center Employee to obtain auto insurance and maintain it. In addition, I understand that I must maintain current vehicle registration and a valid state inspection. It is also my responsibility to maintain a good driving record.

Therefore, I accept that it is my obligation to notify the Human Resources Department immediately with any change in my auto insurance policy, vehicle registration, state inspection, or my record and that failure to do so could result in disciplinary action and termination of my employment.

Signature

Date