

## **BAN ON DRIVING FOR THE COMPANY**

I understand, acknowledge and agree that I am prohibited from driving either my automobile or anyone else's automobile for the Company for any reason whatsoever, because of 1) the restrictions on or loss of my valid driver's license, and/or 2) failure to provide proof of liability insurance as required by the Company.

I understand that I will not make deliveries, take deposits to the bank, run errands or drive for any Company purpose. In addition, if my driver's license has been revoked, I will not drive to or from work and will not drive to Company meetings.

I understand that, if I am asked to drive for the Company, I will refuse. If I am pressed to drive for the Company after I explain that I cannot drive, I will continue to refuse and will also report the repeated request to my District Manager.

I understand that, in the sole judgment of the Company, if my inability to drive is or becomes a hindrance to my ability to perform my job duties, I may be assigned to a different position (including demotion and resulting reduction in pay) or different restaurant or terminated.

I understand that it is my responsibility to notify the Company if and when my driving restrictions (whether imposed by the State or the Company) are removed, or if I obtain liability insurance coverage. I further understand that I cannot drive for the Company, even if my driving restrictions have been removed, until I have been cleared by the Company through a status recheck.

I understand that any violation of this agreement will result in disciplinary action, up to and including immediate termination of my employment.

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Employee Printed Name

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Signature

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Date

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Supervisor Signature