



**COMAL INDEPENDENT SCHOOL DISTRICT
STUDENT TRANSPORTATION SERVICES**



EMPLOYEE FUEL POLICY

Employees authorized to fuel District vehicles are issued a (5) digit Personal Identification Number (PIN) to be used with the Comal ISD Fuelman Fleet Cards. This document is to verify that you understand your responsibilities and the Comal ISD policies regarding the use of your PIN and Comal ISD Fuelman Fleet Card.

Employee Acceptance Statements

1. I have been issued a PIN, which authorizes me to fuel Comal ISD vehicles only, using the District’s Fuelman Fleet Cards.
2. I understand that my PIN identifies me by name on a weekly fuel report and that I am accountable for all transactions made by using my PIN. Therefore, I will not share my PIN with anyone. If I believe someone else knows my PIN, I will immediately notify my supervisor and/or the Director.
3. I understand that the Comal ISD Fuelman Fleet Cards are not to be used for personal vehicles or non-business purposes. Using the Fuelman card for any purpose than official business use will be theft of Comal ISD property.
4. I understand that each time I use a Fuelman Fleet Card I am required to completely fill the vehicle’s fuel tank and enter an accurate odometer reading. This will allow the company to monitor fuel usage and track required maintenance levels.
5. I understand that each Fuelman Fleet Card is assigned to an individual Comal ISD vehicle. My PIN will work with any Fuelman Fleet Card issued to Comal ISD. I understand that it is against Comal ISD policy to swap or share cards between vehicles or to use any card for other than the intended purpose.
6. Violation of any of these statements, even for a first time offense, will result in disciplinary action up to and possible including termination of employment with Comal ISD.
7. REMINDER: Always check to make certain that the fueling station will accept the Fuelman Fleet Card BEFORE fueling. Keep your hand on the fuel nozzle the entire time fuel is being pumped into the vehicle to avoid accidental overflows.

Evidence by my signature below, I understand and agree to the above statements.

Employee Name: _____
(PRINT)

Employee Name: _____
(SIGNATURE)

Campus: _____ Date: _____