



**Fort Edward Union Free School District
Attestation Agreement**

I, _____, hereby acknowledge and agree to the terms outlined below regarding the reimbursement of costs associated with annual CDL Licensing and required annual bus driver physicals provided by the Fort Edward Union Free School District:

1. The Fort Edward Union Free School District shall reimburse me, in my capacity as a Bus Driver, for the costs incurred during the annual renewal of my Commercial Driver's License (CDL), specifically the fee(s) paid to the New York State Department of Transportation.
2. I shall be required to submit my CDL license renewal receipts to the District within thirty days of the renewal date. Reimbursement will be processed within thirty days of the submission.
3. I shall, in the capacity of Bus Driver, also be reimbursed for the costs associated with required annual bus driver physicals. Release time will be provided to me unless the District is able to secure onsite physicals.
4. In the event that I separate my employment from the District, either through resignation or termination, within two years of securing my CDL or my initial date of hire (whichever is later), for any reason other than retirement, I shall be obligated to reimburse the District for all costs incurred as provided for above.

I hereby consent to the garnishment of wages or collection of any monies owed, through any and all legal remedies, to the Fort Edward Union Free School District, in the event that I do not fulfill my obligations as required in my Collective Bargaining Agreement and outlined herein.

I understand and agree to abide by these terms willingly and without coercion.

Employee Name: _____

Employee Signature: _____

Date: _____