

APPENDIX 9
REPORT OF TRAFFIC CONVICTION

Employee Name: _____ Date: _____

Date of Offense: _____

Location of Offense: _____

Vehicle Driven: _____

Offense Charged With: _____

Date of Conviction: _____

Offense Convicted of: _____

Total Number of Points on Drivers License: _____

(including this conviction)

I certify that this report is being made in compliance with Article 7, Paragraph M, 19, Violation of Ohio Motor Vehicle Laws, of the Agreement.

Signature of Employee

Date