

TECHNICIAN ACKNOWLEDGEMENT OF BYOV PARTICIPATION

I acknowledge that I have reviewed the policy outlined above and the following documents:

- [In-Home Technician Pay For Work Policy Acknowledgment and Timekeeping Processes](#)
- [In-Home Technician Operating Policies Manual](#)
- [Driver's Operating and Safety Manual](#)

I understand that participation in the Bring Your Own Vehicle (BYOV) program is completely voluntary and that I may choose to withdraw from the program at any time. By signing below, I affirm that I am choosing to participate in BYOV and will abide by the terms of this Policy.

| | |
|-----------------------|--|
| Employee Name: | |
| Employee ID: | |



Carl O'Neill

Supervisor Signature

8/1/2025 John Doe

Date 123456

12/03/2025

Associate Signature

Date