



MONTHLY PARKING ENROLLMENT FORM

Employee Agreement
40 Murray Street

- Eligibility: **Regular Full-Time** and/or **Regular Part-Time** employees
- Enrolment & Cancellation must take place no later than the **10th of the month** prior to receipt of the pass. The employee must also return their parking card to Human Resources no later than the end of the day of the month that their parking privileges cease.
- The cost of the pass will be deducted from the second pay deposit of the month in connection with the following month's pass. The deduction is taken one month in advance e.g. the December deduction is for January. The current cost per month is **\$275** (this amount is subject to change).
- Individuals are required to immediately report the loss or damage of a parking card to Human Resources. A replacement parking card will only be issued after payment of a replacement fee (the current replacement card fee is \$25).
- A parking pass is only to be used by the individual to whom it is issued. If an individual loans/gives their parking card/pass to another person, their parking privileges will be withdrawn.
- There are **no refunds or rebates** on daily parking costs should the cardholder lose or forget their card. If you take a ticket to enter, you must pay the ticket to exit. There is no monthly pass parking rate if you do not have your monthly pass on you. You must enter and exit with the pass.
- There are no refunds or rebates for the cardholder's holidays, vacation or day(s) of the month the card is not in use.
- A parking pass must be forfeited by employees who change status, resign, retire, and/or take a leave of absence from the Hospital greater than thirty (30) days in duration. If a new pass is required upon return from the leave of absence, the employee's name will be placed at the top of the waiting list for the next available space.
- Terms and conditions are subject to change without notice. Please see Human Resources for the current agreement.

CARD HOLDER INFORMATION:					
Name (Last, First):				Employee ID:	
Contact Number:			Work Phone Number:		
Email Address:					
Vehicle Make/Model:			Colour:		License:
AUTHORIZATION:					
I hereby acknowledge receipt of a Monthly Parking Pass and agree to the terms and rate as noted above.					
Signature:				Date:	

Pass Number: _____

Picked Up: _____