

Check Home Site: 112 CAMPUS GNCH MCH VILLA CARITAS EGH
 SMHC AHS APL

SECTION 1

Last Name First Name

Email Address (Work)

Employee # Phone # Work Ph. #

Department Position / Title

License Plate Number(s)

Plate # 1 Plate # 2 Plate # 3 Plate # 4

CANCELLATION OF PARKING WILL NOT BE PROCESSED
Until a cancellation form & any parking access cards or placards are returned to the Parking Office

- **Covenant Health** parking fees are paid biweekly through ePeople payroll deduction only. All parking services must be paid for.
- All conversations between the Parking Office and staff, including parking offers, will be conducted through Covenant Health and AHS email addresses only.
- Parking permits and access cards are only valid during the parking permit holder's hours of work and are NOT transferable between employees (Corporate Policy I-35). Fees for Parking are charged per hour worked including extra shifts and overtime etc.
- **Covenant Health** shall not be responsible for any damage, loss, theft, or vandalism to any vehicles (and/or contents) parked on any Covenant Health parking facility or leased space.
- **Covenant Health**, through Parking Services, reserves the right to cancel parking privileges at any time by giving written notice to be effective **three (3) days** after such notice is given. Parking Services will make reasonable efforts to provide 30 (thirty) day's written notice of cancellation/change of parking privileges or change in fees, but shall be under no obligation to do so.
- The improper use of access cards or permits, or entering / exiting a parking lot other than through the proper entrance / exit constitutes a violation of the Parking Regulations. **Sharing of parking access and/or permits (placards) will result in the parking holder being financially responsible for paying restitution. Further** actions could result in suspension / termination of parking privileges.
- Parking access cards / permits are valid only for the lots designated upon issue or marked on the permit itself. Unauthorized use of parking lots, illegal parking, or parking outside of designated parking areas may result in towing of the owner's vehicle.
- I agree to abide by the Parking Regulations of **Covenant Health** and recognize that failure to do so may result in suspension or cancellation of parking privileges at the discretion of Parking Services.

I acknowledge that I have read and understood the **Covenant Health Parking Regulations**: initials here

I acknowledge the above terms & conditions. _____
Signature Date

The information that you provide is collected by Covenant Health for the purpose of providing proof of identification and access to Covenant Health sites and operating Covenant Health programs and activities. This information is collected under section 33(c) of the Freedom of Information and Protection of Privacy Act. For questions about the collection of personal information, contact Pratik Giri at 780.735.2832 or pratik.giri@covenanthealth.ca.

SECTION 2 Parking Office Use Only:

ID card # _____ Lot / Stall No.: _____ Parking Code: _____

Entered in LENEL: Date entered in ePeople: _____ Initials _____

Placard # _____ Site and Color of Placard _____