

# ID BADGE / PAID PARKING AUTHORIZATION STUDENT

Reason for Request: STUDENT PLACEMENT

Length of Placement: \_\_\_\_\_

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Department

STUDENT

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

I acknowledge receipt of my ID badge, and agree that:

1. The ID badge remains the property of the Health Centre.
2. I will wear my badge at all times while on duty in the Health Centre.
3. The loss of my ID badge must be reported **immediately** to Security (x.3750, pager 534).
4. The ID badge is not transferrable and must not be used by anyone else. I will be held liable for the use of this card.
5. The ID badge must be kept in a secure location, ex. not on the rear view mirror of my car where it could be stolen.
6. The ID badge must be surrendered upon demand.
7. Replacements can be obtained if damaged, lost or stolen for a fee of \$15.00
8. I am aware of the Park for Patients Program, and commit to parking in lots #2 and #4. I understand that this is a way that I can demonstrate my commitment to patient and family centred care at WPSHC.

**TO ADD PARKING PRIVILEGES TO YOUR I.D. BADGE, YOU MUST PROCEED TO FINANCE (4<sup>th</sup> floor; weekdays 0800-1600 hrs); COST = \$32.50/MONTH (same rate as staff); YOU MAY PAY BY THE MONTH OR FOR A MULTIPLE OF MONTHS; the Security System software will automatically deactivate your parking privileges within 24 hours of the end of the payment period. It is your responsibility to renew this privilege in a timely manner. If you pay for your next month/time frame in advance of the expiration, your parking privileges will be prorated.**

To cancel my paid parking or if I change vehicles, I understand that I must notify Security in writing (security@wpshc.com).

1. \_\_\_\_\_

\_\_\_\_\_  
Type of Vehicle  
License Plate #

2. \_\_\_\_\_

\_\_\_\_\_  
Type of Vehicle  
License Plate #

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initial (*when card picked up*)

\_\_\_\_\_  
Manager Signature

**For Security Use Only:**

Date Form Received: \_\_\_\_\_ Date Card Printed: \_\_\_\_\_ Date Card Issued: \_\_\_\_\_

Completed by: \_\_\_\_\_ Form Sent to Manager, Plant Operations

**For Environmental & Support Services Use Only:**

If required, Information Sent to Staff Development:  Date: \_\_\_\_\_