

MERCY GENERAL HOSPITAL EMPLOYEE PARKING AGREEMENT

Acknowledgements

I understand that by signing this document I am agreeing to all of the items below as well as the Mercy General Hospital parking policy.

The parking device is for my personal use only and will not be shared with anyone else. Any and all parking devices will be displayed appropriately and at all times while I am parked on campus.

My parking privileges only extend to areas designated for employees and I will only park in those areas.

I will not park in any spaces designated for other uses.

I will pay the established rate, which will be automatically deducted from my payroll check.

If my parking device is lost or stolen I will pay the replacement fee equivalent to the cost of the parking device or forfeit my parking garage privileges.

The established rate permits me to park in the garage on a **first come first serve basis** and that parking issues will not be considered an exception to the **Unscheduled Absence/Tardiness Policy**.

If I will not be using the parking services for an extended period of time, it is my responsibility to pause/cancel the established rate by notifying Parking. Cancellation or pausing of deductions will be effective the first of the month following my notification to Parking. No proration or reimbursement will be submitted if I fail to notify Parking of a cancellation or pause of deductions.

I will return my parking device to the Parking Management office upon terminating my account, termination of employment, or upon transferring to another facility.

I agree to pay the full established rate for my final month of parking and \$40.00, if I do not return my parking device.

I am responsible for notifying the Parking Department with any vehicle updates/changes that occur.

I understand that if I violate any portion of the parking rules and/or policy, the following may occur:

- Ticket or tow at employee's expense
- Corrective action
- Additional parking fees
- Loss of parking privileges

I have read and understand all of the above information. Initial: _____

Vehicle Information

Primary Vehicle: _____
 Make Model License Plate No.

Alternate Vehicle: _____
 Make Model License Plate No.

Access Tag #: _____

Payroll Deduction Authorization

Employee Information

Employee Name: _____ Employee ID Number: _____

Process Level: _____ Department: _____

Home phone number: _____ Work phone number: _____

Employee Authorization

I hereby authorize deduction(s) from my wages or salary each pay period, as so designated above, in order to pay the debt incurred and outstanding on the accounts receivable for the above mentioned Dignity Health Hospital. The deductions(s) to remain in effect and the amount paid as indicated until the total debt is satisfied.

In the event that the above individual's employment with Dignity Health should be terminated for any reason, Dignity Health will deduct one of the installment payments from the final check.

Employee Signature: _____ Date: _____

Office Use Only

Submit completed form to Human Resources, FAX (916) 453 – 4409

MGH Parking Staff: _____ Date: _____

Form sent to HR