

CARPOOL PARKING REGISTRATION FORM

(Monday to Friday Day Shift)

Employees who participate in this benefit will receive a Biweekly Payroll Credit of \$27.69, equivalent to \$60 per month.

Name (as it appears on paycheck):		Position Title:
Department:	Ext	Other Contact No.
Usual Shift Start Time:	Usual Shift End Time:	
Vehicle Information:		
1. License Plate#:	State:	_ Vehicle Year:
Make:	Model:	Color:
2. License Plate#:	State:	_ Vehicle Year:
Make:		Color: icle registration card and Driver's License.
Employee #2		
 By signing this Car Pool Registration Form, we are acknowledging the following: We must abide by all parking regulations of Suburban Hospital and the local community (i.e., by not parking on the neighborhood streets). We must use the issued singular access badge or programmed access badge according to the agreement. We acknowledge that we risk forfeiting of parking privileges and receiving disciplinary action if any unauthorized person uses our parking permit or parking access. That all the information we provided about our vehicles' registration is correct. We understand that copies of our state motor vehicles' registration and drivers licenses is required. We will pay a \$50 fee if the access card is lost, damaged, or not returned upon separation, dissolution of our carpool, or as required by the Hospital. We will promptly notify Security if we choose to end our carpool arrangement or if there is another change that affects our eligibility for this program. 		
Employee # 1 Signature:Employee # 2 Signature:		

For Security/HR Use Only

- o Drivers Licenses provided
- Vehicle Registration provided
- Badge parking access inactivated
- Parking space designated
- o Participants are scheduled to work at least 20 hours/week
- Biweekly Credit of \$27.69 submitted to Payroll on _____ and will be reflected on _____ paycheck