



PARKING ACCESS REQUEST FORM

APPLICANT INFORMATION (Note- Access may be denied if any information is missing or incomplete)									
Date: 8/24/2012		Access Requested at: <input checked="" type="checkbox"/> Sisters Hospital-Main Street Campus <input type="checkbox"/> Sisters Hospital-St. Joseph Campus							
Person Type: <input type="checkbox"/> Associate <input checked="" type="checkbox"/> Student <input type="checkbox"/> Tenant <input type="checkbox"/> Contracted Worker <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:									
Last Name:		First Name:		Middle Initial:	Phone #:				
If Associate- ID #		Job Title: student		Department:		Department #			
Primary Work Location: Sisters				Primary Work Shift: 1st					
Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per-Diem <input checked="" type="checkbox"/> Other:				Typical Work Schedule:					
If Student- Rotation Start Date:		End Date:		Instructor Name		Phone #			
Name of School:				Course:					
If Tenant- Name of Tenant:				Suite #	Office Manager:		Phone #		
If Contracted Worker- Name of Employer:					Contact Person:		Phone #		
If Volunteer- Name of Department:				Typical Volunteer Schedule:					
PRIMARY VEHICLE INFORMATION			Sticker # _____ Color _____		SECONDARY VEHICLE INFORMATION			Sticker # _____ Color _____	
License Plate #		State Issued		License Plate #		State Issued			
Vehicle Make		Vehicle Model		Vehicle Make		Vehicle Model			
Vehicle Color		Vehicle Year		Vehicle Color		Vehicle Year			
<input type="checkbox"/> Sedan <input type="checkbox"/> Pickup <input type="checkbox"/> SUV <input type="checkbox"/> Van <input type="checkbox"/> Other:				<input type="checkbox"/> Sedan <input type="checkbox"/> Pickup <input type="checkbox"/> SUV <input type="checkbox"/> Van <input type="checkbox"/> Other:					
<p>I hereby acknowledge that I have received a copy of Sisters Hospital Parking Rule and Regulations and Parking Layout. I understand that failure to abide by and adhere to parking rules and regulations may results in the suspension and/or termination of all on-campus parking privileges. The hospital reserves the right to revoke or modify privileges based upon clinical and/or operational needs, suspected abuse or neglect.</p>									
Applicant Signature:							Date Submitted:		

HOSPITAL AUTHORIZATION				
Per hospital policy, I authorize the person named above to receive a ___ Photo ID Badge ___ Green Access Card with parking/building card swipe access.				
Department Mgr/Program Director Signature:		Comments:		Date:
Human Resources Signature:		Comments:		Date:
Type of Card Provided: ___ Photo ID Badge ___ Green Access Card		Badge #	Access Provided:	