

## ID BADGE / PAID PARKING AUTHORIZATION STUDENT

form revised Dec/11

	Reason for Reque	est:ent/job title/name change etc.)	
Name (please print)	<u> </u>	Department (ADD LENGTH OF TERM	
Γitle		Date	
<ul><li>The ID badge must be kept in a secur</li><li>The ID badge must be surrendered up</li><li>Replacements can be obtained if dam</li><li>I am aware of the Park for Patients Park</li></ul>	f the Health Centre.  le on duty in the Health Ce orted immediately to Secu must not be used by anyor e location, ex. not on the re oon demand.  aged, lost or stolen for a fe rogram, and commit to parl	rity (x.3750, pager 534). ne else. I will be held liable for the use of this card. earview mirror of my car where it could be stolen.	
family centred care at WPSHC.  TO ADD PARKING PRIVILEGES TO YOU  1600 hrs); COST = \$26/MONTH (same referenced to be seen to be software will automatically paid for. It is your responsibility to renew to brior to the expiration of your current payor.  To cancel my paid parking, I understand the	ate as staff); YOU MAY PA y deactivate your parking p this privilege in a timely ma ment, this will be accounted	MUST PROCEED TO FINANCE (4th floor; weekday BY THE MONTH OR FOR A MULTIPLE OF MONTH or ivileges within 24 hours of the end of the payment panner. If you pay for your next month/time frame a fell for – you will not be paying extra for those days.  writing. If I change vehicles, I understand I must not	NTHS; the period you w days
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Information Sent to Staff Development: 

Date: \_\_\_\_\_\_