



Identification and/or Parking Registration

ALL AREAS MARKED WITH AN ASTERISK (\*) MUST BE FILLED IN (Please Print)

Classification: Associate Physician Tenant Staff Student Resident Contractor Temporary Volunteer Vender Other

Location: University Germantown Le Bonheur North South Fayette Affiliated Other

\*Name: \_\_\_\_\_

\*Title: \_\_\_\_\_

\*Department: \_\_\_\_\_

\*Dept. Phone/Pager: \_\_\_\_\_

\*SAP#: \_\_\_\_\_ Kronos#: \_\_\_\_\_

Vehicle Information

Vehicle One

Vehicle Two

\*License Plate Number \_\_\_\_\_

\_\_\_\_\_

\*State \_\_\_\_\_

\_\_\_\_\_

\*Make (i.e. Chevy) \_\_\_\_\_

\_\_\_\_\_

\*Model (i.e. Camaro) \_\_\_\_\_

\_\_\_\_\_

\*Color \_\_\_\_\_

\_\_\_\_\_

ID BADGE AND PARKING AGREEMENT

I agree to comply with all Associate identification and parking policies as delineated in the Associate Handbook and Site Specific Policy and Procedure Manuals, and with any city, state, or federal regulations that are applicable to Methodist Le Bonheur Healthcare (MLH) property/grounds.

In doing so, I understand that I am granted free parking in the designated Associate parking lots. I also understand that any violation of the parking policy may result in the issuing of a citation and the levying of a fine against me. I authorize MLH Healthcare to deduct the fine from my payroll check if I fail to pay the fine or successfully appeal it within the appeal time period. I acknowledge I was given a copy of the citation appeal process with this form.

I understand that if I lose my Identification badge, I must report the loss to the Security Department immediately, and that I am subject to possible disciplinary action if I fail to do so. I also acknowledge and agree to pay a fee of \$10.00 for a replacement ID badge and if I do not pay at the time of replacement, I authorize MLH to deduct a replacement fee from my paycheck. I also acknowledge and agree that if I fail to return my ID badge and any other MLH keys and locks issued to me when my employment ends that I will be assessed a fee of \$20.00 per item that is not returned which shall be deducted from my last paycheck.

Associate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Security Use Only

# 1 Decal Issued

#2 Decal Issued

Photo #: \_\_\_\_\_

ID Badge #: \_\_\_\_\_

Issued 06/06

Forms: Identification and Parking Registration