



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: \_\_\_\_\_

\*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 \$10.00 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 #: \_\_\_\_\_
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## MH Parking Violations/Enforcement

- Any unattended vehicle will be considered parked.
- Associates, tenants, et.al. are prohibited from parking in visitor areas, restricted areas, or other areas for which they are not authorized including physician spaces, handicap spaces, loading zones, clergy spaces, reserved spaces, etc.
- Parking violations are considered serious because they negatively impact our customers, hospital services and other associates who comply with the parking regulations.
- Associates are subject to the following citation fees for disregarding parking guidelines, policy, procedure or as directed by signs or other designations at any Methodist Healthcare Facility:
  - a. First Citation \$10.00
  - b. Second Citation \$25.00
  - c. Third Citation \$50.00 Automatic suspension of parking privileges for 12 mos.
  - d. **Fourth Citation** The vehicle will be towed at owner's expense

## Appeal Process

- Once a citation is issued the person will have 16 days to either satisfy the citation or appeal
- The appeal process involves taking the citation to his/her supervisor and requesting a review with a Security Supervisor.
- If the citation is determined to be unjustified or if there is a doubt the citation will be voided.
- If after the 16 day period without any appeal the citation will be considered valid and the violator's card access to the garage will be suspended.
- After the third citation, the parking violation record will be sent to the violator's Supervisor for inclusion in the associate's evaluation.
- An appeal process will be available to an associate who receives a citation for parking on a visitor lot while in the process of obtaining treatment in the Emergency Department, an office visit, admission or discharge process by contacting the office of the Methodist Healthcare Director of Security.
- There are no special accommodations for motorcycles or bicycles. Operators must comply with the same driving and parking regulations as motor vehicles.
- Associates who temporarily drive a rented or borrowed vehicle should obtain a temporary parking permit if a permit tag is required at the work site.

## Le Bonheur Appeal Process

- Citation appeals may be filed in person or via telephone within 72 hours with Security Administration between the hours of 8:30am and 4:00pm, Monday through Friday. If no appeal is filed within that time, the citation will be processed.
- If the citation is determined to be unjustified or it there is a doubt, the citation will be voided.
- Citation fees are as follows:
  - a. First Citation \$10.00
  - b. Second Citation \$25.00
  - c. Third Citation \$50.00 - Automatic suspension of parking privileges for 12 months.
- After the third citation, notification will be sent to the violators Manager/Supervisor.
- An appeal process will be available to an Associate who receives a citation for parking while in the process of their child/children obtaining treatment in the Emergency Department, a POB office visit, admission or discharge process by contacting the office of the Director of Security.
- There are no special accommodations for motorcycles or bicycles. Operators must comply with the same driving and parking regulations as motor vehicles
- Associates who temporarily drive a rented or borrowed vehicle must obtain a temporary parking placard to place on the dashboard of the vehicle while parked in any of the Le Bonheur lots.