

North Bay Regional Health Centre

Parking/Access Request Form

- New Parking Request
- Parking Change Request **NOTE: Date must be Start of Pay Period**
- Payroll deduction for Lost Access Card (**\$20 Replacement Fee**) Initials: _____

NOTE:

- It is the responsibility of the Employee to inform Human Resources to stop payment while on any type of leave of absence.
- Staff changing to 1A Pay-As-You-Go must put money on Access Card prior to use.

Date:	Work Status: FT PT Casual
Last Name:	First Name:
Job Title:	Contact Information:
Department or Organization:	
Add " Je parle Français " to your badge? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Staff		
<input type="checkbox"/>	Park 1 A: Staff Pay-As-You-Go Daily Rates \$3.40 per 24 hours	Initials _____
<input type="checkbox"/>	Park 1 B: Full-time Payroll Deduct \$19.62 every 2 weeks	Initials _____
<input type="checkbox"/>	Park 1 C: Part-time Payroll Deduct \$0.26 per hour	Initials _____
<input type="checkbox"/>	Family Pass – One Family member is to be 1B the other 1A	Initials _____
<input type="checkbox"/>	Parking Declined	Initials _____
<input type="checkbox"/>	Parking Terminated	Initials _____

Accommodation (Must be approved by Occupational Health Safety & Wellness)	
<input type="checkbox"/> Park 4 A: Pay-As-You-Go Daily Rates <input type="checkbox"/> Park 4 B: Full-time Payroll Deduct <input type="checkbox"/> Park 4 C: Part-time Payroll Deduct	Authorized by: _____ End Date: _____

Submit completed form to Human Resources Front Desk.

Processed by HR: Completed Date _____ Signature _____ <div style="text-align: center; font-size: small;">(send to Payroll for filing)</div>

Note: Report a lost or stolen ID Badge to Protective Services immediately as per Administrative Policy Identification Card / Access HR 6-4.