

NOTE: Complete application on Page 2 of this document.

MEMORANDUM

DATE: May 1, 2024
TO: Incoming Housestaff
FROM: FMLH Medical Staff Office
RE: Parking at Froedtert Memorial Lutheran Hospital

Only housestaff with rotations at FMLH need to complete the attached form.

To obtain a parking pass, you must first go to the office labeled “Staff ID Badges” on the 1st floor, in the West Hospital across from the B elevators to obtain a Froedtert ID Badge. The office is open from 7:30 a.m. to 4:00 p.m. If you are in town early, you may obtain your badge **beginning June 19, 2024.**

You will need to go to the Parking Office located on level A, north side of Parking Area 3. Please park in a designated parking spot. Do not park parallel in front of the Parking Office. Bring your Froedtert ID badge and a completed Froedtert Parking Application Form with you. You must present this form in person. The Parking Office is open from 7:30 a.m. to 4:30 p.m. Please note that your Froedtert ID also gives you access to the resident call rooms at FMLH and allows you to receive a 10% discount in the FMLH cafeteria.

All housestaff will be given access to Parking Area # 3. You must park on Level E at all times when on Froedtert campus.

If you have additional questions regarding parking at Froedtert, please call 414-805-7338.

Please DO NOT send this form back to the MCWAH office.



Must Have:

- Valid Staff ID
- License Plate Number (take a picture of your plate)



PARKING APPLICATION

PLEASE PRINT ALL INFORMATION

Last Name: _____ First Name: _____ M.I. _____

Department: _____ Title/Position: _____

Phone: _____

EMAIL ADDRESS _____

CIRCLE THE CAMPUS LOCATION WHERE YOU TYPICALLY WORK:

- | | | |
|-------------------------|----------------------|------------------------|
| Specialty Clinic | Lab Building | Sargeant Health Center |
| Eye Institute | Pavilion | West Clinics |
| Center for Advance Care | Emergency Department | CFAC |
| Hospital | Cancer Center | |

STAFF MEMBER OF: Froedtert MCW Froedtert Temp. Physician
 Resident Volunteer Wisconsin Diagnostic Lab
 Other _____

STATUS: Full Time Part Time "A" Week "B" Week

Start Time: _____ **End Time:** _____

SHIFT: 1st 2nd 3rd Rotating

VEHICLE INFORMATION:

	Make	Model	Plate#	State
Vehicle #1				
Vehicle #2				

I HAVE READ AND UNDERSTAND THE FOLLOWING:

Standard Parking and Froedtert Hospital are not responsible for damage to or loss of my vehicle or for any items or valuables left in my vehicle. The Parking Staff is not authorized either to accept responsibility for or to store any such items. I understand the importance of LOCKING MY CAR. Any vehicle parked at these facilities is parked at the vehicle owner's sole risk. Parking in areas other than my assigned location may result in the issuance of a parking ticket or other disciplinary action.

Signature _____ Date _____

FOR PARKING OFFICE USE ONLY

Assignment: 92nd Street Surface Parking Area #3 Parking Area #6 ___ Doctor Access
 ___ Volunteer Access ___ Offsite Shuttle

Initial Visor Tag # _____ Date issued: _____ Hire Date (adj.) _____

Required