NOTE: Complete application on Page 2 of this document.

MEMORANDUM

DATE: May 1, 2019
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, 2019.

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. A $10.00 non-refundable processing fee is required. Parking staff will provide you with a visor clip for your car. 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.
PARKING APPLICATION

PLEASE PRINT ALL INFORMATION

Last Name: ___________________________ First Name: ___________________________ M.I. ______

Department : _______________________ Title/Position: ________________________________

Phone: ______________________________

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
- 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

SHIFT: ❑ 1st ❑ 2nd ❑ 3rd ❑ Rotating ❑ Other ______________________________

VEHICLE INFORMATION:

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<th>Vehicle</th>
<th>Make</th>
<th>Model</th>
<th>Plate#</th>
<th>State</th>
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<tbody>
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<td>Vehicle #1</td>
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<tr>
<td>Vehicle #2</td>
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I HAVE READ AND UNDERSTAND THE FOLLOWING:

1. I am required to pay a non-refundable processing fee of $10.00 for my visor clip. If the visor clip is lost or damaged, I will be required to pay an additional $25.00 fee before a replacement will be issued.
2. No reduction in monthly parking rates is made for vacations or other periods when I am not using a parking structure or surface lot.
3. 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.
4. 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: ❑ Parking Area #1 ❑ 92nd Street Surface ❑ Parking Area #3 ❑ 87th Street Surface ❑ Global ❑ Doctor Access ❑ Volunteer Access

Initial Visor Tag # _____________ Date issued: ______________ Hire Date (adj.) _______________