



SCARBOROUGH HEALTH NETWORK

Photo ID Badge / Access Card, Building and Parking Access Request Form

Please complete this form and have it approved by the Unit / Dept. Head. All applicants (when applicable) must present a signed letter stating the official business in the Hospital and a Valid Photo ID (i.e., Drivers License, etc.)

Personal Information - PLEASE PRINT CLEARLY. Incomplete form can not be processed.

Employee / Identification Number: _____ Date of Application: _____

Last Name: _____ General Site

First Name: _____ Primary Site Birchmount Site

Organization: _____ Centenary Site

Position / Title: _____ Please select the one that applies to your affiliation with SHN

Department / Unit: SHN Employee Contract Staff Student (Various)

Bus. Phone #: Medical Staff Contractor Instructor

Alternate Phone #: Resident Tenant Volunteer

E-Mail: Medical Student Vendor Spiritual Service Personnel

OHIP Billing (Physician) #: _____ Board of Director

New ID Badge Do you require parking access? Yes No

Card Status Change

Lost Damaged Not Communicating Position / Title Change Department / Unit Change Name Change

Other: _____ Previous ID Badge #: _____ Previous Name: _____

A fee of \$10.00 applies to obtain a new ID badge for Students and Instructors
Lost or Damaged ID Badge replacement incurs a fee of \$25.00, paid at the Security / Photo ID Office. All previous ID Badges must be returned to the Security Department.

Access Requirements - Please choose the section(s) that apply to your request.

Provide General Access to Facility (Hospital Building Entrances)

Security Access Other required access, please specify (i.e., doors, Locker Room 1 and / or areas where access is required)

Activation Rate/Site Change Temporary Suspension Cancellation

	Birchmount Site	Centenary Site	General Site
<input type="checkbox"/> North Lot: \$46.00 / Month <i>(North Lot may not be available due to limited spaces)</i>	<input type="checkbox"/> Employee Parking Lot: \$46.00 / Month	<input type="checkbox"/> Garage Lot: \$66.00 / Month <i>(Garage Lot may not be available due to limited spaces)</i>	<input type="checkbox"/> Surface Lot: \$46.00 / Month
<input type="checkbox"/> South Lot: \$46.00 / Month			

Only one parking fee is required for access to all three sites and the fee is for 30 consecutive days. An alternate site access card must be obtained at the alternate site to obtain access.
Parking fee includes HST: HST # 119142263

Vehicle Information	Vehicle	Make	Model	Colour	License Plate Number
	Vehicle # 1				
	Vehicle # 2				

Parking Fee Payment Plan - Please choose one of the following time blocks for parking fee payment.

I prefer to pay through Payroll I hereby authorize Scarborough Hospital Network to process parking fee deductions from my pay as per my request, as set out by the Hospital, a fee for my parking access and/or for lost or damaged ID Badge/Access Card replacement - SHN Employees.

Covered by Lease / Job agreement Parking fee is covered by tenant's lease or individual's job agreement - Volunteers, Spiritual Service Personnel, Tenants and Contract Staff.

I prefer to pay Monthly Monthly parking access is for those who wish to utilize parking on monthly basis or as needed. Fees are paid in cash, cheque or credit card at the Parking Office at the Birchmount or General Sites in person. Offices are located in the Parking Garage at the General Site and on Level 2 across from the Drug Store at the Birchmount Site. Parking fee includes HST. The Students, Instructors and Contractors fee is \$66 / Month.

I prefer to be Invoiced Quarterly Invoice accounts are for those who have regular schedules at SHN for no less than one year and fees are billed in accordance with the preferred time block. An invoice account will remain active once initiated, as such, the account holder must notify the parking office when parking access is no longer needed. Fees are paid in cash, cheque, debit card or credit card at the Parking Office at the Birchmount or General Site. Parking fee includes HST - Medical Staff, Tenants and Contract Staff on Grouped Account.

I prefer to be invoiced Annually

Bill to / Company Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Card holder Signature _____ Signed date _____ Unit/Dept. Head Signature (Over Printed Name) _____ Signed date _____

Submit completed form to Security Office at the General Campus by internal mailing or e-mail to IDBADGE@tsh.to

For Security Department Use Only	Access card number issued: _____		
	Card being replaced returned to Security Department: Yes / No	_____	Issued date _____
	Lost / damaged card replacement fee payment verified: Yes / No	_____	
	Information sent to Parking and Security Manager: Yes / No	_____	
For Parking Department Use Only	Information sent to Parking Office: Yes / No	_____	Issued by _____
	Parking access assigned area / Parking Category: _____	Date Completed: _____	
	<input type="checkbox"/> Information sent to Payroll Sent Date: _____	Completed by: _____	