



New Hospital Parking – 2900 Collins Road Hospital Complex

Please print legibly. Incomplete forms will not be processed.

Employee Name: Last Name First Name Middle Initial

Start Date: Credential #: Credential # is 6-digit # on the back of your badge next to the "+" symbol.

Department: Report To:

Job Title: Phone #:

Shift Start Time: OCC/H&W/Main Hosp: If work varied shifts, just give an approximate start and end time for the majority of your shifts.

Vehicle Information:

License Plate # State:

Make: Model:

Year: Color:

I certify that the information above is correct and current. I agree to follow the rules and regulations governing parking at McLaren Greater Lansing's facilities as detailed in the McLaren Parking Policy and any subsequent revisions of this policy. I specifically understand that misuse or abuse of the parking policy may result in loss of parking privileges, disciplinary action, receipt of City of Lansing parking violations, and/or towing of my vehicle.

Employee Signature: Date:

Please return to the Maintenance Dept.

Table with 2 columns: Location, Sticker #