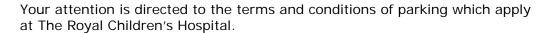
Application for Car Parking Privilege



Please submit the comp Facilities Department L CARPARK.ADMIN@RCH	evel 4 – Corpora		
Name:		RCH Employee No:	
Position Title:		Extension:	
Department:		I	
Mobile No:			
Email:			
Employment Status:	Full-time:		
	Full-time with On-	call:	
	Part-time:		
and conditions. I understand the access being revoked. Name:	at failure to comply wit	h terms and	
	For Car Park Admi	nistration (Jse Only
Carpark Administration		Payroll Administration	
 □ Actioned – Chris21 □ Actioned – Carpark Register □ Actioned – Emailed Applicant 		□ Actioned – Deductions Commenced Name:	
Name:		Signature:	
Signature:		Date:	1 1
Date: / /			

STAFF PARKING PAYROLL DEDUCTION AUTHORITY FORM





Whenever parking your vehicle in the RCH car park, you're doing so will be construed as your acceptance of the terms and conditions as outlined in the RCH Car Parking Policy. Failure to adhere to this policy could result in revocation of parking privileges.

______ (FULL NAME, BLOCK LETTERS)

Please complete this form to record your agreement to adhere to all terms and conditions.

OF		(ADDRESS)				
authorise the Paymaster of the Hospital to deduct	the sum of:					
\$100 per fortnight – Motor Vehicle	Registration No:					
\$50 per fortnight – Motor Cycle	Registration No:					
From my salary together with adjustments the Ho	spital Executive hereafter authoris	ses.				
I acknowledge my payments for parking will conti and forwarded to the carpark administrator.	nue until a termination form has	s been completed				
I acknowledge that the permit is issued and charges levied, in the knowledge and on the basis that the permit holder will be absent for some periods such as annual leave, sick leave and ADO's. I also acknowledge that the permit is for my exclusive use and will not be transferred to any other person.						
I have read and received a copy of the terms and adhere to these conditions at all times when park		•				
park.						
·	Dat	e: / /				
Name: Signature: Please submit the completed form together w Administrator – Facilities Department Level 4 CARPARK.ADMIN@RCH.ORG.AU	ith your application form to the – Corporate Offices or email to	e RCH Parking				
Name: Signature: Please submit the completed form together w Administrator – Facilities Department Level 4 CARPARK.ADMIN@RCH.ORG.AU	ith your application form to the	e RCH Parking				
Name: Signature: Please submit the completed form together was Administrator – Facilities Department Level 4 CARPARK.ADMIN@RCH.ORG.AU For Payroll Admin	ith your application form to the – Corporate Offices or email to	e RCH Parking				
Name: Signature: Please submit the completed form together was Administrator – Facilities Department Level 4 CARPARK.ADMIN@RCH.ORG.AU For Payroll Admin	ith your application form to the – Corporate Offices or email to	e RCH Parking				
Name: Signature: Please submit the completed form together was Administrator – Facilities Department Level 4 CARPARK.ADMIN@RCH.ORG.AU For Payroll Admi	ith your application form to the – Corporate Offices or email to	e RCH Parking				
Name: Signature: Please submit the completed form together water and the complete form together water	ith your application form to the – Corporate Offices or email to	e RCH Parking				