

# Payroll Deduction for Parking



\_\_\_\_\_  
Name of Employee Social Security #

\_\_\_\_\_  
Address

\_\_\_\_\_  
Department/Office Location

\_\_\_\_\_  
Work Phone Home Phone

I authorize \$35.00 a month to be deducted from my paycheck, effective \_\_\_\_\_ for parking at Samuel Merritt College/Summit Medical Center.

\_\_\_\_\_  
Employee Signature Date

### Vehicle Information

\_\_\_\_\_  
Make Model License #

\_\_\_\_\_  
Make Model License #

### Conditions of Parking Privileges

- 1) If my employment status changes or if I choose to voluntarily terminate my parking privileges, I must notify parking management, in writing, via a termination of contract form.
- 2) I understand that neither Summit Medical Center nor Samuel Merritt College is responsible for fire, theft, damage or loss to said vehicle or any article left in same.
- 3) When exiting my assigned garage, I must have my assigned parking card with me. If unable to produce my assigned card, the current daily maximum charge will be assessed.
- 4) A replacement fee of five dollars (\$5.00) will be assessed for lost, stolen or damaged cards.

I have read all of the above stated conditions and agree to abide by Summit Medical Center and the City of Oakland parking rules and regulations at all times. I also understand that failure to abide by any of the above parking conditions is grounds for termination of parking privileges afforded to me by Summit Medical Center. (Violators subject to "O.T.C. 106 – Ticketing or CVC 22658-A – Towing")

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
H.R. Signature (**MUST BE SIGNED BY HR BEFORE CARD IS ASSIGNED**) Date

### Parking Use Only

Garage Assigned:    West                      North                      South                      MOB\_\_\_\_\_

Faxed to H.R. (869-6115);                      Date: \_\_\_\_\_