

Employee Payroll Cambridge Health Alliance Parking Application

Date _____ Campus _____ Dept. _____

Last Name _____ First Name _____ M.I. _____

Home Address _____ City _____

State _____ Zip Code _____ Ext/Pager _____

Tel. Number _____ Hire Date _____ Emp ID _____

Union? YES NO Union Name _____ Payroll ___TCH___SH___PSC___NSC___WH

Job Title _____ Shift(Hours) _____

Vehicle information (1)

<i>Make</i>	<i>Model</i>	<i>Year</i>	<i>Color</i>	<i>State</i>	<i>Plate #</i>
<i>Vehicle information (2)</i>					

<i>Make</i>	<i>Model</i>	<i>Year</i>	<i>Color</i>	<i>State</i>	<i>Plate #</i>
<i>Vehicle information (3)</i>					

<i>Make</i>	<i>Model</i>	<i>Year</i>	<i>Color</i>	<i>State</i>	<i>Plate #</i>
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Payroll Deduction

By signing I agree to the terms below I am also authorizing a weekly payroll deduction of the amount listed. I understand that if the official CHA payroll deducted parking rates change, my deduction will automatically change to the official parking rates for the program in which I am enrolled and that there is a fee for lost or missing card/stickers. I understand and agree to follow the CHA Parking Policies for my parking program. If I wish to cancel or change my parking, I understand that I must do so in writing and that it may take up to 30 days to go into effect.

Location applying for _____ **Weekly** payroll deduction _____

Signature of applicant _____ **Date:** _____

Parking office use only:						
Card/Tag #	Access	Date	Payroll	<u>Please Initial</u>		Notes
				Database	McGann	

Email: Transportation@challiance.org

Fax: 1.617.830.0077 (the "1" is required)

Questions?

Call the Transportation Office: (617) 665-2642.