

PHOTO BADGE/ACCESS/
PARKING REQUEST FORM

1. Are you a: ☐ Employee/Physician/Medical Staff
☐ Contractor _____ (Company Name) _____ (Manager Name)
☐ Volunteer
☒ Student

2. Is this badge a: ☒ New Badge
☐ Name Change (Previous Name) _____
☐ Reprint Badge
- Date Vendor Badge Expires _____

First Name: _____

Last Name: _____

"Nick" name if preferred on badge: _____

Title: _____

RN Student

Employee ID (HR Use Only): _____

Department: _____

Nursing

3. Parking Regulations EVERYONE MUST READ AND SIGN BELOW:

With this form, every person receiving a badge receives a map of the campus indicating the locations in which employees/vendors are allowed to park. **1) Employee/Vendor may ONLY park in the following:** Lot B, northern end of Lot D, Lot H, Lot I, northern half of Lot K and the northern end of Lot L; (regular business week days, including holidays, Monday-Friday, 06:30-14:30). **2) ON NO DAY/TIME** is an employee/vendor to park in spaces which are indicated as physicians only; **3) ON NO DAY/TIME** is an employee/vendor to park in spaces indicated as patients and visitors only or SJ Med Employees only (these areas are: Lot A, Lot C, southern half of Lot D, Lot E, Building 175 parking areas, Lot F, Lot G and Lot J); **4) Employee/Vendor will give Security the license plate number of the vehicle they drive to RMC and will display the RMC issued parking sticker so it can be seen in the window (vendor exempt from sticker); 5) Security will enforce parking regulations by issuing tickets and after due process the vehicle will be towed at the owner's expense if employee/vendor refuse to comply with parking regulations. 6) Skanska contractors may park in designated areas in Lot K. By signing below, the employee/vendor understands these regulations; (employee/vendor with administration permission is exempt from above but must comply with tailored parking regulations to individual or department).**

A BADGE WILL NOT BE ISSUED unless this form is signed by person requesting a badge.

4. Vehicle Information:

Vehicle 1 _____
License Plate _____ State _____ RMC Permit Number _____

Vehicle 2 _____
License Plate _____ State _____ RMC Permit Number _____

5. Employee's Signature: _____

Date: _____

6. Supervisor's Signature: _____

Date: _____

FOR SECURITY USE ONLY

Card Number: _____

Date: _____

Issued By: _____

Created By:
Kendall Jones

Quality Checked by: _____

Regional Approval: _____

Approval for Release by:
Kendall JonesDocument index number:
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