

RE: MEDICAL STUDENT PARKING IN MARYLAND AVENUE GARAGE

Dear 3rd Year Medical Student:

If you are on a clinical rotation in the UCH that requires you to remain in the hospitals late into the evening, or overnight, you will be pleased to know that after hours parking is now available to you at the Maryland Avenue parking structure. An agreement between the Office of Medical Education and the University of Chicago Hospitals will now enable you to park in that facility between the hours of 5 p.m. and 6 a.m. at no charge if you follow these basic rules.

1. Print out the attached “U of C Hospitals – Employee Garage Information Sheet”.
2. Write across the top of the form “MEDICAL STUDENT”
3. Take this memo and the completed form along your ID card to the parking office at 5840 S. Maryland Ave.
4. You will review the rules and regulations with that office which will include:
 - a. Use of your ID to go in and out of the parking structure.
 - b. Directions regarding parking on the 5th or 6th floors only.
 - c. No entrance to structure before 5 p.m.
 - d. Exit by 6 a.m. the following day (mandatory). Failure to exit by 6 a.m. will result in charge for overnight parking and loss of parking privilege.

Please be aware that if you do not remove your car by 6 a.m. the following morning you will be charged for the hours you parked, and you will not be allowed to continue to use this service. Reinstatement of parking privileges would require further discussion with me.

Sincerely,

Holly J. Humphrey
Dean for Medical Education

cc: UCH Parking Office

U of C Hospitals - Employee Garage Information Sheet

Last Name: _____ First Name: _____ Soc. Sec. #: _____

Department: _____ Mail Code: _____ Ext: _____ Shift: _____ Hire Date: _____

CHECK ONE PARKING ASSIGNMENT:

South Day (24 hrs) _____ (\$90) South Evening (3PM-11PM) _____ (\$70) South Night (7PM-7AM) _____ (\$0)

Housestaff (24hrs) _____ (\$35) North/South Rotation _____ (\$70) North Day (24 hrs) _____ (\$90)

Drexel Lots _____ (\$40) Friends Family Health Center Lot _____ (\$40) 63RD and Kenwood Lots _____ (\$0)
(Letter from Manager required for Rotation and Night shifts)

PLEASE PRINT YOUR INITIALS NEXT TO PAYMENT METHOD AND CIRCLE PAYROLL STATUS:

_____ Payroll Deductions _____ Cash/Check _____ DP Form 62

Payroll status **Hospital** or **University** **Monthly** or **Bi-weekly**

VEHICLE INFORMATION:

Vehicle 1: Make: _____ Model: _____ Year: _____ Color: _____ Plate#: _____

Vehicle 2: Make: _____ Model: _____ Year: _____ Color: _____ Plate#: _____

RULES AND REGULATIONS

This agreement shall continue month to month hereafter, unless and until canceled by either party at the end of any calendar month by prior written notice to the other party. You must cancel on or before the 5th of the month to receive a full credit. **initial** _____

I will notify the parking office of any changes in my employment status. I understand that failure to do so may result in back charges AND or loss of parking privileges. **initial** _____

The nesting policy has been explained to me, I understand I must park within the employee areas on the upper floors, failure to do so will result in the deactivation of my parking privileges. **initial** _____

Passing of my I.D. badge is not permitted and will result in my being charged the "all day" parking rate. Repeat violations may result in termination of my parking privileges.

Monthly parkers must use their I.D. Badge to enter and exit the garage at all times. Failure to do so will result in being charged the "all day" parking fee AND there are no refunds or credits towards the monthly fee.

The storage of vehicles inside the garage is not permitted. Monthly parking gives you unlimited in and out privileges, but only while you are at work at U of C.

The relationship created by this agreement is one of a lease, not bailment. University of Chicago Hospitals and its affiliates and InterParking Corporation shall not be liable for damage to, or destruction of, my automobile or personal property contained therein by reason of theft, fire, collision, or any other cause.

Reserved physician, handicapped and patient parking areas are restricted 24 hours a day, seven days a week.

Signature: X _____

Date: _____

*****PARKING OFFICE USE ONLY*****

Paradox: _____

Parking Access: _____

Decal #: _____

Payment: _____