

**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 available to you at the Maryland Avenue parking structure. An agreement between The Pritzker School of Medicine and the University of Chicago Medical Center will 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 with your ID card and \$25 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.
 - e. Bring your receipt to Candi Gard in BSLC 104 for reimbursement.

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: _____ Employee I.D. # _____

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

CHECK ONE PARKING ASSIGNMENT:

South Day (24 hrs) _____(\$125) South Evening (3PM-11PM) _____(\$80) South Night (7PM-7AM)_____(\$25)

Housestaff (24hrs) _____(\$35) North/South Rotation _____(\$80) North Day (24 hrs) _____(\$125) DrexMain____(\$75)

Drexel East _____ (\$50) Friends Family Health Center Lot _____(\$50) 63rd and Kenwood Lots _____(\$25)
(Letter from Manager required for Rotation and Night shifts)

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

_____ Payroll Deduction _____ Cash/Check _____ Other

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. When you cancel the parking, unless it's for medical reasons, when you return, you lose your seniority. **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 storage of vehicles inside the garages is not permitted. Monthly parking gives you unlimited in and out privileges, but **only** while you are at work at U of C. **initial** _____

Passing of my ID badge is strictly prohibited and will result in my being charged the all day rate for that day's parking. Repeat violations may result in termination of my parking privileges and subject me to corrective action up to and including discharge. **initial** _____

Monthly parkers must use their ID Badge to enter and exit the garage at all times. Failure to do so will result in termination of my parking privileges and subject me to corrective action up to and including discharge. I will also be charged the all day parking fee AND there are no refunds or credits towards the monthly fee. **initial** _____

I have been given the rules and regulations and the **nesting** policy has been explained to me, I understand I must park within the designated employee areas on the upper floors,(5, and 6), and (4 for doctors and off shift nurses). Failure to do so will result in the deactivation of my parking privileges and subject me to corrective action up to and including discharge **initial** _____

The relationship created by this agreement is one of a lease, not bailment. University of Chicago Hospitals and its affiliates and Interpark Inc., 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: _____
----------------	-----------------------	----------------	----------------