



SCARBOROUGH HEALTH NETWORK

Photo ID Badge / Access Card, Building and Parking Access Request Form

Please complete this form and have it approved by the Unit / Dept. Head.

All applicants (when applicable) must present a signed letter stating the official business in the Hospital and a Valid Photo ID (i.e., Drivers License, etc.)

Personal Information - PLEASE PRINT CLEARLY. Incomplete form can not be processed.

Employee / Identification Number: _____	Date of Application: _____
Last Name: _____	<input type="checkbox"/> Birchmount
First Name: _____	Primary Hospital <input type="checkbox"/> Centenary
Organization: _____	<input type="checkbox"/> General
Department / Unit: _____	Please select the one that applies to your affiliation with SHN
Position / Title: _____	<input type="checkbox"/> SHN Employee <input type="checkbox"/> Contract Staff <input type="checkbox"/> Student (Various)
Bus. Phone #: _____	<input type="checkbox"/> Medical Staff <input type="checkbox"/> Contractor <input type="checkbox"/> Instructor
Alternate Phone #: _____	<input type="checkbox"/> Resident <input type="checkbox"/> Tenant <input type="checkbox"/> Volunteer
E-Mail: _____	<input type="checkbox"/> Medical Student <input type="checkbox"/> Vendor <input type="checkbox"/> Spiritual Service Personnel
OHIP Billing (Physician) #: _____	<input type="checkbox"/> Board of Director

<input type="checkbox"/> New ID Badge	<input type="checkbox"/> Alternate Site ID Badge <small>An alternate hospital access card must be obtained at the alternate hospital to obtain cross site access</small>	Do you require parking access? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Card Status Change		* Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time / Casual
<input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Not Communicating	<input type="checkbox"/> Position / Title Change <input type="checkbox"/> Department / Unit Change <input type="checkbox"/> Name Change	
<input type="checkbox"/> Other: _____	Previous ID Badge #: _____	Previous Name: _____

A fee of \$10.00 applies to obtain a new ID badge for Students and Instructors.

Lost or Damaged ID Badge replacement incurs a fee of \$25.00, paid at the Security / Photo ID Office. All previous ID Badges must be returned to the Security Department.

Access Requirements - Please choose the section(s) that apply to your request.

Building Access

☐ Provide General Access to Facility (Hospital Building Entrances)

☐ Other required access, please specify (i.e., doors, Locker Room 1 and / or areas where access is required)

Please put your initials in the box(s) of your choice:

Parking Access

<input type="checkbox"/> Activation	<input type="checkbox"/> Rate/Site Change	<input type="checkbox"/> Temporary Suspension	<input type="checkbox"/> Cancellation
Birchmount Hospital	Centenary Hospital	General Hospital	
<input type="checkbox"/> North Lot <small>(North Lot may not be available due to limited spaces)</small>	<input type="checkbox"/> North Lot	<input type="checkbox"/> Shoniker Lot	<input type="checkbox"/> Garage Lot <small>(Garage Lot may not be available due to limited spaces)</small>
<input type="checkbox"/> South Lot	<input type="checkbox"/> South Lot	<input type="checkbox"/> Doctors Lot	<input type="checkbox"/> Surface Lot

Only one parking fee accordance to SHN Parking Fee Policy is required for access to all three sites and the fee is for a block of 30 consecutive days.
Photo ID Badge / Access Card is for your own use only to park one vehicle at any given time in the parking lot - **PASSBACK NOT PERMITTED**

Parking fee includes HST: HST # 119142263

Vehicle Information	Vehicle	Make	Model	Colour	License Plate Number
	Vehicle # 1				
	Vehicle # 2				

Parking Fee Payment Plan - Please choose one of the following time blocks for parking fee payment.

<input type="checkbox"/> I prefer to pay through Payroll	I hereby authorize Scarborough Hospital Network to process parking fee deductions from my pay as per my request, as set out by the Hospital, a fee for my parking access and/or for lost or damaged ID Badge/Access Card replacement. Parking access will remain active once initiated, as such, the access holder must notify the parking office when parking access is no longer needed - SHN Employees - Fees as per SHN Parking Fee Policy
<input type="checkbox"/> Covered under Lease / Job agreement	Parking fee is covered under tenant's lease or individual's job agreement - Volunteers, Spiritual Service Personnel, Tenants and Contract Staff.
<input type="checkbox"/> I prefer to pay Monthly	Monthly parking access is for those who wish to utilize parking on monthly basis as needed. Fees are paid in cash, cheque, Debit Card or credit card at the Parking Office at the Birchmount, Centenary, or General Hospital in person. Offices are located on Level 2 across from the Drug Store at the Birchmount Hospital, on Level 2 beside Information Desk at the Centenary Hospital and in the Parking Garage at the General Hospital. Parking fee includes HST. The Students, Instructors and Contractors fee is \$66 / Month. Fees as per SHN Parking Fee Policy
<input type="checkbox"/> I prefer to be invoiced Quarterly	Invoice accounts are for those who have regular schedules at SHN for no less than one year and fees are billed in accordance with the preferred time block. An invoice account will remain active once initiated, as such, the account holder must notify the parking office when parking access is no longer needed. Fees are paid in cash, cheque, debit card or credit card at the Parking Office at the Birchmount, Centenary, or General Hospital. Parking fee includes HST - Medical Staff, Tenants and Contract Staff on Group Account. Fees as per SHN Parking Fee Policy
<input type="checkbox"/> I prefer to be invoiced Annually	

Bill to / Company Name: _____	Address: _____
City: _____	Province: _____
	Postal Code: _____

Cardholder Signature

Signed Date

Unit/Dept. Head Signature (Over Printed Name)

Signed Date

To obtain Photo ID Badge / Access Card and access requirements, submit completed form to Security Office at the General Hospital by internal mailing or e-mail to idbadge@shn.ca

Parking access activation or cancellation request for an SHN employee / Invoice Account Holder that already has an ID badge, submit completed form to one of the SHN Parking Offices in person or e-mail to parking@shn.ca

For Security Department Use Only

Access card number issued: _____	Issued Date: _____
Card being replaced returned to Security Department: Yes / No	
Lost / damaged card replacement fee payment verified: Yes / No	Issued By: _____
Information Sent to Parking and Security Manager: Yes / No	
Information sent to Parking Office: Yes / No	

For Parking Department Use Only

Parking access assigned area / Parking Category: _____	Date Completed: _____
<input type="checkbox"/> Information sent to Payroll	Sent Date: _____
	Completed by: _____