



# HOSPITAL BASED EMPLOYEE PARKING ENROLLMENT

For questions please contact: the Parking office at 202-476-5422  
This form can be faxed to 202-476-3977

CNMC is not responsible for loss of Automobile or Contents by fire, theft, damage or other cause.

## Employee

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Job Title: \_\_\_\_\_ Emp ID#: \_\_\_\_\_

Department: \_\_\_\_\_ Scheduled Hours: \_\_\_\_\_

Status (circle one)    Full Time    |    Part Time eligible    |    Part Time ineligible    |    PRN

Home or Cell Contact #: \_\_\_\_\_ Home E-mail: \_\_\_\_\_

Please list a number where you can be reached or you can receive voicemail

Parking Preference (list 1, 2, 3, 4 in order of preference)

NOTE: onsite parking is restricted  
See details at bottom

Columbia Heights     Hyattsville (UTC)     Union Mass     17<sup>th</sup> & Florida     \*\*RESTRICTED On-Site

By signing below, I agree to have the appropriate cost deducted from my paycheck on a monthly basis to pay for parking at CNMC (applies to on-site only).

Employee Signature: \_\_\_\_\_

Car Model & Color: \_\_\_\_\_ State: \_\_\_\_\_ License Plate: \_\_\_\_\_

## Director

I attest that this employee has been hired for the job and hours listed above.

Director Signature: \_\_\_\_\_

## Parking Office

Parking Office Approval: \_\_\_\_\_

Access Card #: \_\_\_\_\_ Hang Tag #: \_\_\_\_\_

\*Onsite parking is restricted to Physicians with 50% patient time, NPs & PAs