



PARKING DEDUCTION AUTHORIZATION FORM

The MetroHealth System

EMPLOYEE NAME: _____

EMPLOYEE ID #: _____

I authorize The MetroHealth System to deduct the current employee parking rate applicable to my job classification from my biweekly paychecks. I can review current employee parking rates on the Parking page on MetroHealth's MIV or by calling the Parking Office at 216-778-4600. I understand that this rate may be changed by MetroHealth.

My entrance into an employee parking location, such as by swiping my badge or using a sensor ("puck"), further confirms my consent to deduction of the current employee parking rate. This authorization will remain in effect for the duration of my employment with MetroHealth. I understand that using employee parking is voluntary and not required for my employment.

- **Daily Rate:** If my applicable fee structure is a daily rate, and I do not wish to incur these fees or deductions, I can use alternate transportation or park in non-employee locations.
- **Flat rate:** If my applicable fee structure is a flat rate, I can cancel this authorization by returning my parking equipment or by requesting cancellation in writing. My written cancellation of this authorization should be submitted to: jdieter1@metrohealth.org and nsaxton@metrohealth.org.
- If I park in a non-employee parking location, I will be required to pay regular visitor charges at the time that I park.

If for any reason the employee parking fee cannot be deducted from my paycheck (for example, if I do not receive a paycheck for a certain time period), I will be responsible for that amount, which may be deducted at a later time or may be billed to me. If my employment at MetroHealth ends for any reason, it will be my responsibility to promptly return all MetroHealth property, including my parking hangtag, sensor ("puck"), or other equipment. If I fail to return MetroHealth equipment, or if I owe parking-related fees, I authorize MetroHealth to deduct the equipment's value and fees from my paycheck(s) or other payouts, or this amount may be billed to me. There will be no refunds of parking deductions.

EMPLOYEE SIGNATURE: _____ DATE: _____

LICENSE PLATE NUMBER (FOR PARKING OFFICE USE): _____

TO SUBMIT THIS FORM, YOU MUST ATTACH IT IN AN EMAIL TO PAYROLL@METROHEALTH.ORG, JDIETER1@METROHEALTH.ORG, AND NSAXTON@METROHEALTH.ORG.

PAYROLL OFFICE USE ONLY

PAY PERIOD: _____

ENTERED BY: _____