

WESTMEAD HOSPITAL STAFF PARKING CANCELLATION AND SUSPENSION FORM

This form is to be completed to cancel or to suspend the staff parking access at Westmead Hospital.
Completed form to be submitted ONLY via email to: WSLHD-Westmead-SecureParking@health.nsw.gov.au

SECTION 1: PERSONAL DETAILS (PLEASE PRINT CLEARLY)			
SURNAME		GIVEN NAME(S)	
ASSIGNMENT NUMBER	EMAIL ADDRESS		
PHONE - Home/ Mobile	CARD NUMBER (located at Back of ID Card)		
HOURS OF EMPLOYMENT	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time (<i>Must be working 32 hrs/week or less</i>)		

SECTION 2: DATE OF CANCELLATION/ SUSPENSION	
<p>The notice period to cancel or suspend parking is 4 weeks unless the employee is resigning from the organisation. For resignation the award notice period applies. Date of notice is the day the completed form is received via email. No retrospective payroll adjustments will be made to reimburse car parking fees deducted where an employee has failed to give adequate notice of cancellation/ suspension.</p>	
<input type="checkbox"/> Cancellation	Date of cancellation / /
Are you resigning from the LHD <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes date of resignation: / / Notice period as per Award: _____ week/s	
<input type="checkbox"/> Suspension	Date of Suspension From: / / To: / /

SECTION 3: PAYROLL DEDUCTION CEASATION AUTHORISATION AND DISCLAIMER
<p>I hereby authorise Western Sydney Local Health District to cease my payroll deduction for parking fee to Westmead Hospital as per section 2.</p> <p>Signature: _____ Date: _____</p>

OFFICE USE ONLY
OFFICE USE ONLY Date received: _____ Date processed: _____ Admin Initial : _____