



**McMaster Faculty of Health Sciences (FHS)
Parking Wait List Request for McMaster Site
Hospital Garage Parking**

Date: _____

McMaster Employee Number: _____

Last Name: _____ First Name: _____

Full-time ☐ Part-time ☐ _____ Shift-work ☐
Hours per week

Department/Role: _____

Office address: _____

Extension: _____

Email address: _____

Signature: _____

Please note that you must be a **Faculty of Health Sciences Staff/Faculty member working in either the MDCL or Health Sciences buildings to be eligible to apply.**

If applicable, please attach a letter outlining any extenuating circumstances.
(i.e.: Medical condition with appropriate documentation from healthcare provider)

Please return completed form to

FHS Corporate Services, via email:

fhscorps@mcmaster.ca