



BC Cancer Agency

CARE & RESEARCH

An agency of the Provincial Health Services Authority

VC BIKE STORAGE CONTRACT

Date: _____

Name: _____; Department: _____

Home Phone# _____ Local: _____

Description of Bicycle (note any markings, etc)

PLANT MAINTENANCE SECTION (Applicants are NOT to fill in this section of the form. For Plant Maintenance or Payroll use ONLY)

Original Code Issued On: _____; Code Issued On: _____

Code Issued On: _____

Start Date: _____ Finish Date: _____

Notes:

I understand that the code for the bicycle storage cage has been issued to me for personal use only and is not to be passed on to other employees. I agree to adhere to this rule and will not allow unauthorized persons into the storage area. I understand that if I fail to adhere to this policy of all bicycle storage privileges will be withdrawn.. I understand that being issued the code does not guarantee a spot in the bicycle cage at all times.

Signature of Applicant

Date Signed