## **Genesys Regional Medical Center Department of Medical Education AGREEMENT Medical Student Sleeping Quarters**

Please read, initial and sign that you understand and agree	:
I will be considerate and courteous to other occupa	ants in the sleeping quarters.
I will promptly report necessary repairs or maintener repair contacts.)	ance to the Med Ed Office. (Check postings for emergency
I understand there is no smoking allowed at the sle	eping quarters.
	I understand it is my responsibility to pick up personal the scheduled cleaning day (posted on the dry erase board)
lids to discourage the attraction of animals. I will to	ash within the confines of the trash bins and secured with ake the covered trash bin(s) to the curb the night before or up day. I will retrieve the bins from the curb as soon as
at Grand Oaks Apartments: I will take the tra	ish to the apartment trash bins as needed.
I agree to leave all furniture (including beds and ch	ests of drawers) where I found them.
At the completion of my rotation, I will not remove possessions with me, including food.	anything that does not belong to me and I will take all of my
I will promptly return the housing key(s) to Medica	l Education.
I acknowledge that Genesys is not responsible for r	my belongings while occupying the sleeping quarters.
I understand that violation of this agreement could and the fee.	d result in the immediate loss of sleeping accommodations
Name - Printed	Start Date of Rotation
Signature	Signature Date
Return agreement with check (payable to Gen	•

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