

(BUUNDADA HOOSE) EE SPOKANE ST SWING BRIDGE CODSIGA MARITAANKA SHAQAALAHA CAAFIMAADKA WACITAANKA KU SHAQEYEA

SHAQAALAHA CAAFIMAADKA CODSANAYA MARITAANKA BUUNDADA HOOSE SI AY U TAGAAN AMA UGA YIMAADAAN SHAQADOODA, SIDA UU XAQIJIYEEY MADAXA SHAQAALAHA CAAFIMAAD

- Oggolaanshaha waxa kaliya loo oggol yahay shaqaalaha caafimaad ee:
 - Ka shaqeeya ama ku nool Galbeedka Seattle
 - U baahan iney aadaan ama ka imanaya shaqo wicitaan halkaasi oo ay uga baahan yihiin goobta shaqada ama xarunta caafimaadka.
- Maritaanka buundada hoose looma oggola safarrada jadwallada caadiga ee shaqooyinka shaqaalaha caafimaadka iyo socodyada kale ee aan deg-degga aheyn.

TALLAABOYINKA LAGU CODSANAYO MARISTA:

- Buuxinta Qeybta 1: Codsiga Warbixinta
- Madaxa shaqadaada caafimaadka ha kuu soo buuxiyo Qeybta 2: Warbixinta loo Shaqeeyaha Caafimaadka
- Qeybta limeel 1, Qeybta 2, iyo uso dir oggolaanshaha la soo saxiixay lowbridgeaccess@seattle.gov (waxey ahaan kartaa muuqaal iskaan ama masawirka dokumentiga) ama usoo dir Bermitka Baabuurta, ATTN WSB, ee Waaxda Gaadiidka, PO Box 34996, Seattle, WA 98124-4996
- Soo gudbinta foomkan macnaheedu ma aha inaad heysato oggolaansho marista buundada hoose. Waa inaad ka heshaa hubanti SDOT ka hor inta aadan isticmaalin buundada hoose.**

Su'aalaha, haddii aad caawinaad uga baahan tahay luqaddaada, ama gacan uga baahan tahay foomkan, fadlan la xiriir LowBridgeAccess@seattle.gov ama 206-400-7511. Fadlan dhaaf farriin cod ah oo magacaagu la socdo, halka lagaala soo xiriiri karo, iyo luqadda aad u baahan tahay, qof ayaana kula soo hadli doona.

SECTION 1: WARBIKINTA CODSADAHHA

| | | | |
|--|---------|---|------------------|
| Daabac ama Qor magaca <i>(dambe, hore, dhex xaraf)</i> | | | |
| Cinwaanka boostada <i>(PO Box ama cinwaanka waddada iyo lambarka abaartamiintada, haddii ay jirto)</i> | | Magaalada | Gobolka Sib kood |
| (Eeriya Kood) Teleefanka Waqtiga Maalinta | limeel | | |
| Magaca cisbitaalka ama xafiiska dhaqtarka aad ka shaqeyso | | Madaxa shaqaalaha caafimaadka <i>(madaxa shaqadaada qeybta 2 ayuu buuxinayaa)</i> | |
| Ilaa labo leysin taargooyin: mid adiga ah, iyo mid gaari labaad, haddii loo baahdo. | | | |
| Taargada Gaariga Koowaad | Gobolka | Taargada gaariga labo (haddii loo baahdo) | Gobolka |



Saxiixa qofka wakiilka codsadaha la oggolaaday

Sixiixiddaada, waxad ku qiranaysaa inaad fahamsan tahay iyo inaad u hoggaansami doontid sharciga iyo shuruudaha, iyo warbixinta xogta gaarka ahaanshaha ee ku qoran dhabarka boggan.



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MASHRUUCA BUUNDADA SARE-KACSAN EE GALBEEDKA SEATTLE

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HESHIISKA IYO SHURUUDAHA MARITAANKA BUUNDADA HOOSE:

- 1: Foomkan waxa saxiixay adiga iyo madaxa shaqadaada waa in loogu soo gudbiyaa SDOT iimeel ama boosto ka hor maalinta 15 ee bisha si aad u habsato maritaan bisha soo socota. Tusaale ahaan, maritaanka ka bilaabata Juun 1, SDOT waa iney heshaa foomkaaga oo buuxa ilaa May 15.
- 2: U oggolaanshaha waxa kaliya la siiyaa kuwa socodkooda la xiriiro shaqada caafimaad ee wacitaanka ku dhisan kuwaasi ay qasab tahay in waqti kooban ku tagaan shaqadooda.
- 3: Maritaanka buundada hoose LOOMA oggola socdaallada jadwalka caadiga ku shaqeeya.
- 4: Maritaankani waa mid ku meel gaar ah waana xaalado ku kooban. Waxanu yareyn doonaa ama ka joojin doonaa maritaanka buundada hoose kooxo badan aakhirka 2021 si buundadu awood ugu yeelato gawaarida xamuulka oo badan.
- 5: Maritaankaaga buundada hoose waxa laga yaabaa in la joojiyo waqti kasta haddii baabuur fara badan dul marayaan buundada hoose ama loo baahdo maareynta saxmadda baabuurta. Waa lagu soo ogeysiin haddii xaalku sidaa noqdo.
- 6: Xaddidaad ayaa laga yaabaa in lagu soo rogo tirada socdaallada aad ku mareyso buundada hoose. Maritaanka waxa laga yaabaa in lagaa joojiyo haddii aad dhaafto tirada socdaalladaada.
- 7: Soo gudbinta codsi buuxa Maritaanka Shaqaalaha Caafimaadka ee wacitaanka ku shaqeeya ma hubineyso in lagu xaqiijin doono in lagu siin doono maritaanka buundada hoose. Codsi aan buuxin ama aan saxsaneynin ama diiwaangelin waxey keeni kartaa daahid ama diidis. Haddii lagu oggolaado maritaanka, waraaq ay ku qoran tahay oggolaanshaha ayaa lagu soo iimeel gareyn doonaa ka hor ama maalinta 22-ka bisha ka horreysa bilaabista maritaanka. Fadlan heyso oo keydso waraaqda oggolaanshaha. Waa inaad heshaa iimeelka oggolaanshaha ka hor inta aadan isticmaalin buundada hoose. Haddii aad ku waddo buundada hoose oggolaansho la'aan, waxad heli doontaa tikidh 75 doolar ah mar kasta aad dul marto buundada saacadaha la adkeeyey maristeeda. Saacadaha la xadiday waa 5-ta subax ilaa 9-ka fiidnimo maalmaha toddobaadka iyo 8-da ilaa 9-ka dhammaadka toddobaadka.

XOGTA GAARKA, MACLUUMAADKA IYO CODSIYADA DAAH KA QAADISTA GUUD:

SDOT waxey diiwaan gelin doontaa tirada iyo waqtiga socdaallada Buundada Hoose uu sameeyo mid kasta oo lambarka leysinka taargada loo oggolaaday. Codsigaaga maritaanka Buundada Hoose, waxad ku oggolaaneysaa isticmaalkaagani ee Buundada Hoose macluumaadka socdaalladaada in ujeedo eegitaan iyo qiimeyn lagu sameeyo. Diiwaan gelinta socdaallada waxey sidoo kale u furan tahay Washington Public Records Act, waxana suurto gal ah in daaha looga qaado qeyb seddexaad oo codsata.

Wararka qof ahaaneed ee lala wadaagayo SDOT waxa ka mida magacaaga iyo lambarka leysinka taargadaada waxey u fasaxan yihiin Washington Public Records Act oo laga yaabo iney daaha uga qaaddo qeyb seddexaad oo codsata. Magaalada Seattle, waxa naga go'an dhowrista xogta gaarka kuu ah waxana hubin doonaa in daah-furid kasta lagu saleeyo si sharci ah. Si wax uga ogaato sida warkani loo maamulo fadlan ka eeg Hadalkaagii Gaarka kuu ahaa [\[www.seattle.gov/tech/initiatives/privacy/privacy-statement\]](http://www.seattle.gov/tech/initiatives/privacy/privacy-statement).



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QEYBTA 2: WARBIKINTA DHAQTARKA LOO SHAQEYHAHA

MADAXA SHAQALAHA WUXUU BUUXINAYAA QEYBTANI KA DIB MARKA CODSADUHU BUUXIYO QEYBTA 1.

WARBIKINTA DHAQTARKA LOO SHAQEYHAHA:

Fadlan buuxi qeybta hoose adigoo ku dhahaya:

Aniga, waxan caddeynayaa in _____ (magaca shaqaalaha),

ka shaqeeyo _____ (cisbitaalka ama xafiiska dhaqtarka) iyo in shaqaalahani looga baahan yahay inuu u socdaallo shaqooyin loo soo woco, taasi oo u mudnaan siineysa maridda buundada hoose.

Usoo celi foomkan oo saxiixan codsada.

Daabac ama qor magacaaga (*dambe, hore, dhexe xaraf*)

Darajada shaqo/kaalinta hey'adda loo shaqeeyaha (*HR/CTR/kale*)

Cinwaanka boostada (*PO Box ama cinwaanka waddada iyo lambarka abaartamiintada, haddii ay jirto*)

Magaalada

Gobolka

Sib kood

(Eeriya Kood) Teleefanka Waqtiga
Maalinta

limeel

KA JAWAAB KUWA SOO SOCDA:

Waxan caddeynayaa in shaqaalaha ku xusan Qeybta 1 ee kore inuu ka soo jawaabo shaqooyinka loo wacdo ee cisbitaalka ama xafiiska dhaqtarka oo ku xusan Qeybta 1 ee kore waana shaqaale looga baahan yahay inuu u socdaalo shaqo wicitaan ah oo u qalansiineysa iney maraan buundada hoose.

Taariikhda iyo goobta (magaalo ama degmada):

X

Loo shaqeeyaha halkan ayuu saxiixayaa. (Wakiilka HR ama maamulka xarumaha kale ee caafimaadka loo oggol yahay iney warbixinta dhiibaan)



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WEST SEATTLE HIGH-RISE BRIDGE PROJECT

SPOKANE ST SWING BRIDGE (LOW BRIDGE) APPLICATION FORM: ON-CALL MEDICAL WORKER ACCESS

SECTION 2: MEDICAL EMPLOYER

MEDICAL EMPLOYER FILLS OUT THIS SECTION AFTER APPLICANT FILLS OUT SECTION 1.

MEDICAL EMPLOYER INFORMATION:

Please fill out the section below stating:

I certify that _____ [employee's name] works at _____ [hospital or medical office] and this employee is required to travel for on-call work shifts, qualifying them for low bridge access.

Return this signed form to the applicant.

| | | | | |
|--|---------------|------|-------|----------|
| PRINT OR TYPE Name of Employer Filling out Section 2 (<i>Last, First, Middle Initial</i>) | | | | |
| Job Title/Role at Medical Employer Institution (<i>HR/CTR/Other</i>) | | | | |
| Office Address (<i>PO Box or street address and building/suite number, if applicable</i>) | | City | State | ZIP Code |
| Office (Area code) Daytime Phone | Email Address | | | |

ANSWER THE FOLLOWING:

I certify that the employee listed in Section 1 above responds to on-call work shifts at hospital or medical office listed in Section 1 above and they are an employee required to travel for on-call work shifts qualifying them for low bridge access.

Date and Place (City/County) Signed:

X

Employer signs here (HR representative or other medical institution administrative representative authorized to provide this information)



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