|  |  |  |  |
| --- | --- | --- | --- |
| Employee name |  | | |
| Employee hourly rate |  | | |
| Date range  *(full days only; any partial day is considered a full day)* |  | | |
| Select one  *overnight travel must be reimbursement request* | | Reimbursement request | Payroll allocation |
| Property/department |  | | |
| Requested by |  | | |
| Assignment details | | | |
|  | | | |
| Reimbursement/allocation instructions *(to be completed by J. Wogan)* | | | |
|  | | | |
| Employee confirmation |  | | |
| Assignment approval |  | | |
| J. Wogan approval |  | | |
| Y. Naftel completion |  | | |