|  |  |
| --- | --- |
| 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 |  |