



EMPLOYEE COMPLIMENTARY RESORT ACCOMMODATIONS REQUEST

TO BE COMPLETED BY EMPLOYEE							
Employee: _____				Request Date: _____			
Signature of Employee				(Advance notice REQUIRED)			
Hire Date: _____		YRS w/CO: _____		Dept/Title: _____			
Work Ph: _____			Other Ph: _____				
PREFERRED LOCATION				PREFERRED DATES			
CITY		RESORT		STARTING	ENDING	TOTAL # DAYS	
1st Choice							
2nd Choice							
3rd Choice							
# OF GUESTS		SPECIAL ACCOMMODATIONS		ACCOMMODATIONS REQUESTED			
Adults	Children	ACCOMMODATIONS		Studio	Bedroom Unit Type		
		YES*	NO	<input type="checkbox"/>	<input type="checkbox"/> 1 Bdrm	<input type="checkbox"/> 2 Bdrm	<input type="checkbox"/> 3 Bdrm
*If yes for special accommodations, please specify below:							
TO BE COMPLETED BY MANAGEMENT							
MANDATORY MGR COMMENTS (describe reasons for approving COMPLIMENTARY accommodations for this employee):							
APPROVALS		MANAGER: _____			DATE		
		H.R. MGR: _____			DATE		
		AUTHORIZED: _____			DATE		
TO BE COMPLETED BY DIRECT EXCHANGE DEPARTMENT							
COMPLIMENTARY ACCOMMODATIONS:							
		REQUEST RECEIVED BY:		CONFIRMED BY:		DATE	
		I.D. #:		CONF. SENT:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
RESORT NAME / CITY: _____							
						VALUE OF ABOVE RESORT ACCOMMODATIONS: \$ _____	
TO BE COMPLETED BY OWNER SERVICES MANAGER							
COMPLIMENTARY ACCOMMODATIONS REPORT UPDATED/DISTRIBUTED:							
YES _____		NO _____		DATE: _____			
Mgr. Initial		Mgr. Initial					