

Request for Hotel (Intermittent Housing):

Instructions: To request hotel accommodations, please complete and submit this form to the Staffing Office **no later than the Friday after the schedule posts.**

Please keep a copy for your records. Please note: It is your responsibility to cancel hotel reservations that have been made if you do not work your shift. If you do not cancel the hotel reservation, you will be responsible for the invoice.

For short notice shifts in which you require hotel accommodations, please contact Staffing Office at 509-942-2624 or the PCC at (509) 727-1060

Staffing Office Contact:

- Email: wakadlecstaffingoffice@providence.org
- Fax: 509-942-2024

NAME: _____ **DEPT:** _____ **COST CENTER: 320-** _____

PHONE: _____

Employee's Signature: _____ **Date Submitted:** _____

Employee's Email: _____

Dates scheduled to work for which you are requesting hotel accommodations:	Check-in date	Check-out date	Gray areas to be completed by staffing: Hotel:	Gray areas to be completed by staffing: Confirmation #:	Gray areas to be completed by staffing: Reservation made by: