

TPI HOSPITALITY PAYROLL FORM

ASSOCIATE NAME: _____

ASSOCIATE PAYROLL NUMBER : _____

PROPERTY NAME: _____

ACC BWN BWW QIF CISW CYAL CYR DIA DIW GMF

GMNU GMS GMW HAL HB HF HM HS HGIB HGIE HGIS

HIA HIAL HIF HIXGV HIXW HSNB HSR HSSLP PA PF

PRW PVFMB RWW S8F SHSR SSAL SSB SSE SSN TL

EFFECTIVE DATE: _____

WAGE CHANGE:

From: _____ To: _____

_____ per hour

_____ per year

Reason For Change: _____ Hired
_____ Rehired_____ Promotion
_____ Demotion_____ Transfer
_____ Other

STATUS CHANGE:

From: _____

To: _____

DEPARTMENT CHANGE:

From: _____

To: _____

ADDRESS / NAME CHANGE:

REQUEST FOR (circle one) - LEAVE OF ABSENCE - OTHER LEAVE

FOR _____ CONSECUTIVE DAY(S) FROM _____ TO _____.

REQUEST FOR PAID TIME OFF (PTO) HOURS:

* Minimum Request is 4 hours. _____ <<--NUMBER OF HOURS FOR DATE(S)--> _____

OTHER (including FUNERAL PAY):

ASSOCIATE SIGNATURE: _____

Date: _____

APPROVED BY:

DEPARTMENT MANAGER: _____

Date: _____

GENERAL MANAGER: _____

Date: _____