

VICEROY

COLLEAGUE ROOM RATE & SPA AUTHORIZATION FORM

COLLEAGUE INFORMATION

Name _____

Property _____

Position _____

Employment Viceroy Mubadala _____

ROOM RESERVATION DETAILS

Reservation Name	Rate
Relationship	Number of Rooms
Rate Type <input type="checkbox"/> Colleague <input type="checkbox"/> F&F	Check In Date
Hotel	Check Out Date
Confirmation #	Number of Nights

SPA RESERVATION DETAILS

Hotel _____

Confirmation # _____

Date _____

Time _____

TO BE COMPLETED BY HUMAN RESOURCES

HR Name _____

HR Signature _____

Date _____

Phone Number _____

TERMS & CONDITIONS

1. This Authorization Form must be presented at the front desk at the time of check-in and may not be used by anyone other than the authorized individual.
2. Photo Identification and a credit card are required at the time of check-in.
3. Colleagues will receive the Colleague Room Rate for personal travel only. Colleagues traveling on business must use the Business Rate.
4. For all discounts under the Colleague Discount Program, inappropriate behavior or serious misconduct by a colleague or their guest (including friends/family) may result in disciplinary action, up to and including termination of employment, per the Code of Conduct and Colleague Handbook.
5. Falsification or other misrepresentation of information on this Authorization Form will result in the loss of discount privileges, and/or disciplinary action, up to and including termination of employment.
6. Colleagues are not allowed to stay at the property in which they work and are not allowed to consume alcohol while dining at the property at which they work without advance approval from the General Manager.
7. For additional terms, please see the Viceroy Hotel Group Colleague Discount Program.