

## **Employee Rate Discount Authorization Form**

According to company policy, this form entitles the below named individual to receive the employee rate discount on a space available basis for a maximum of two rooms per night, two houseboats per day and/or for activities at participating locations of Aramark's Leisure division. These discounted rates are for personal travel only.

## Terms & Conditions of the Friends and Family Rate Room Discount Program

- 1. Falsification or other misrepresentations of information on this Authorization Form will constitute grounds for immediate termination of the employee's employment.
- 2. This original Authorization Form must be presented and surrendered at the front desk at the time of check-in and may not be used by anyone other than the authorized individual. A separate form must be completed for each property visited.
- 3. Photo identification and this Authorization Form are required at the time of check-in.
- 4. Credit must be established at the time of check-in.

Business Unit/Location

Issue Date: \_\_\_\_\_

- Aramark Employees will receive the Friends and Family room rate for personal travel only (not business).
- 6. Use of the employee rate discount is a privilege. Your conduct and professionalism (as well as those persons in your party) as a guest is a representation of Aramark. Any inappropriate conduct or behavior as a guest at a participating location will be dealt with as misconduct in connection with the employee's employment. Any conduct or behavior deemed inappropriate by the management of the location where you are a guest could result in the employee receiving disciplinary action, loss of room discount privileges, written warning and possible termination of employment.
  - By requesting this room discount benefit, I accept and agree to abide by the terms and conditions outlined above.

    Name of Employee

    Employee Number/ID

    Issued by:

    Name of General Manager

    General Manager's Signature

General Manager's e-mail Address

7. The authorization form expires 60 days after the issue date or when the employee is no longer employed by Aramark.