

Carlson Building Maintenance

Hotel Form

03-31-2026

- **Hotel request must be requested ahead of time.**
- **Select numbers of rooms**
- **Select numbers of beds (Single or double)**
- **Notify the employee to check in by 3pm.**
- **Specify employee name under hotel**
- **Employee name under hotel must have an I.D.**
- **Employee must pay deposit for incidentals.**
- **Any No Call No Show/Cancel will be a company loss.**

District Information

Dm: | Jose Martinez

Job Information

Store: | 570 T0364 Schofield WI

Job Information

Check In: 03-31-2026 Check Out: 04-04-2026

How many rooms: 1 How many beds: 1

Employee Information

New Employee Name | Dos Ramos Rivas, Jose #16727

Job Information

Site visit/Project type: Covering location Order number: 0000

Notes

Employee quit

Office use only

Notes