



EMPLOYEE REQUEST FOR COMPANY ACCOMMODATION

Applicant's Name:	Date:
Commencement Date:	Vaccinated: Y N
Company / Dept:	Employee No:
	Job Title:

Please answer the below questions truthfully, any dishonest or misleading answers will result in accommodation being denied; or revoked if already approved.

Accommodation Applying For:	Boroko Container: Shared:K30/Fortnight Single:K60/Fortnight
An K80 bond will be required to be paid upfront. This includes bed and beddings and will be refunded when you vacate the property.	General Shared: General Single: K60 / Fortnight K120 / Fortnight
Reason for Accommodation Request:	
Work Shift	Safety
	Other
Please provide more details on the reason for your request:	
Signature of Employee:	Signature of General Manager:
Print Name:	Print Name:
Managers Recommendation or information related to any special circumstances:	
FOR A5 B5 ; 9A9BH'I G9`CB@M	
Employee Approved for Accommodation? Yes No	If Approved: Location: Room Number:
Signature:	
Printed Name:	Date: