

VACATION / LWOP*
REQUEST

STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
& PUBLIC FACILITIES
ALASKA MARINE HIGHWAY SYSTEM
7559 N. Tongass Hwy., Ketchikan, AK 99901
FAX: (907) 228-6873

A. NAME: _____ DATE: _____
(last) (first) (initial)
JOB _____ VESSEL & CREW _____

B. Preference for my vacation and/or time off is listed as follows:

- 1) FIRST OPTION FROM _____ TO AND INCLUDING _____
NUMBER OF WEEKS _____ PAY PERIOD ENDING _____
- 2) SECOND OPTION FROM _____ TO AND INCLUDING _____
IF 1st IS NOT APPROVED. NUMBER OF WEEKS _____ PAY PERIOD ENDING _____
- 3) THIRD OPTION FROM _____ TO AND INCLUDING _____
IF 1st OR 2nd IS NOT APPROVED. NUMBER OF WEEKS _____ PAY PERIOD ENDING _____

C. OTHER USES OF VACATION:

- 1) I authorize the use of vacation and/or "A" days in lieu of sick leave after I have expended all accumulated sick leave and only until I am fit for duty. _____ [Initial]
- 2) If eligible in accordance with applicable contract language, I wish to cash in 1 week of vacation of eighty-four (84) hours. _____ [Initial]

D. SIGNATURE(S):

EMPLOYEE VESSEL SUPERVISOR

E. VACATION COMMITTEE APPROVAL: OPTION NO. _____ IS APPROVED

RELIEF EMPLOYEE ASSIGNED _____ CHANGE PORT _____

Employee to be subject to dispatch on /or after _____

DATE _____

SIGNED FOR UNION

SIGNED FOR AMHS

*** L. W. O. P. WILL NOT BE APPROVED UNTIL AFTER ALL VACATION AND / OR "(A) DAYS HAVE BEEN EXPENDED.**
*** EMPLOYEE IS RESPONSIBLE FOR SUBMITTING THEIR OWN TIMESHEET WHILE ON LEAVE.**

Remarks: