



Emergency Draw Request

I hereby request an emergency draw. I am an IBU member currently assigned to a vessel in the yard. I understand that this emergency draw is limited to 50% of my gross straight-time wages earned at the time of this request and is not to exceed \$500.00. I acknowledge, if this request is approved, that I will be required to repay the full amount of the draw to the State of Alaska. Draw checks will not be cashed on the vessel.

EMPLOYEE INFORMATION

Name: _____ Job Title: _____

Employee ID#: _____ Vessel: _____ Union: _____ Yard Location: _____

Address: _____

Home Phone: _____ Email Address: _____

Amount Requested (Not to Exceed \$500.00): _____

Emergency Reason for this request: _____

Employee Signature: _____ Date: _____

Purser/PSWIC or AMHS Administrative Staff

Straight-Time Hours Worked by Employee Above (current pay period): _____

I certify that the vessel is currently in the yard at the location listed above and the straight-time hours listed for this period are correct.

Print Name: _____ Position: _____

Signature: _____ Date: _____

This form is to be submitted to the Payroll Services Supervisor, John Foster at John.Foster@alaska.gov for approval. If after hours, submit to the Payroll Services Manager, Rachel Atkinson at Rachel.atkinson@alaska.gov.

Official Payroll Use Only

Signature of Approving Officer: _____ Title: _____

Date: _____

Approved

Not Approved