



ALASKA MARINE HIGHWAY SYSTEM
7037 NORTH TONGASS HWY.
KETCHIKAN, AK 99901
DISPATCH FAX: (907) 228-6873
EMAIL: dot.amhs.dispatch@alaska.gov

PROBATIONARY EMPLOYEE PORT SELECTION FORM
Unlicensed AMHS Probationary Employees

Alterations to the selections on this form will not be considered and the form will be returned for correction. Any sections not answered or not answered completely will default to the IBU Collective Bargaining Agreement. This form may be submitted in person, by email, or by fax. It is the employee's responsibility to confirm receipt by AMHS Dispatch.

Full Name (Type or Print Legibly):

3) CHANGE PORT and SAILING REGION:

When working as a Seasonal, Relief, RARE, or DRAE, Employees must **Designate a Change Port in the sailing region they regularly work in (check only ONE change port box):**

SOUTHEAST REGION: Juneau Ketchikan
OR
SOUTHWEST REGION: Homer Valdez

I am willing to accept an assignment in **other change ports within my sailing region** and I understand that travel entitlements will be in accordance with my collective bargaining agreement and the State of Alaska Administrative Manual, as applicable.

I am willing to accept assignments in the **other sailing region (Southeast vs. Southwest)** and I understand that travel entitlements will be in accordance with my collective bargaining agreement and the State of Alaska Administrative Manual, as applicable.

I am **NOT** willing to work in the **other sailing region** (this may limit your work opportunities).

NOTE: All dispatches will be made in accordance with the IBU collective bargaining agreement, including supplemental agreements and/or letters of agreement. Completion of this form does not create entitlements not specified in the agreement; rather it is intended to allow an employee to clarify personal preferences.

I understand that any travel entitlements will be in accordance with the IBU collective bargaining agreement, including supplemental agreements and/or letters of agreement, and the State of Alaska Administrative Manual, as applicable

I realize that restricting the assignments I will accept, or declining to travel, may limit my work opportunities.

I acknowledge that State law prohibits immediate family members from supervising each other and AMHS policy restricts their working on the same vessel when there is direct supervision. I understand that familial and conjugal relationships may limit my work opportunities and may impact my ability to be promoted. I will make AMHS aware of my status and any change in status as it relates to nepotism and/or ethics by submitting a State of Alaska Nepotism Waiver.

I understand that implementation of an amended Port Selection Form is not immediate. Changes must be received 30 days prior to the posting of the crew lists and will take effect in conjunction with the next crew list schedule.

I have read and understand the information on this form, and I have made selections based on my preferences.

Employee Signature: _____

Date: _____