

**IBU 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 / Unlicensed Dispatch Group EMAIL: dot.amhs.dispatch@alaska.gov

A. **NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**JOB:** \_\_\_\_\_ **VESSEL & CREW:** \_\_\_\_\_

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**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:** \_\_\_\_\_

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**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]

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**D. EMPLOYEE SIGNATURE:** \_\_\_\_\_

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**E. LEAVE APPROVAL:** OPTION NO. \_\_\_\_\_ IS APPROVED OR LEAVE IS DENIED: \_\_\_\_\_

EMPLOYEE TO BE SUBJECT TO DISPATCH ON /OR AFTER: \_\_\_\_\_

\_\_\_\_\_  
AMHS APPROVAL SIGNATURE

\_\_\_\_\_  
DATE

**\* L. W. O. P. WILL NOT BE APPROVED UNTIL AFTER ALL VACATION AND / OR "(A) DAYS HAVE BEEN EXPENDED.**

**\* IF AN EMPLOYEE SEPARATES FROM SERVICE WHILE ON VACATION/LWOP, IT MAY HAVE A NEGATIVE AFFECT ON PAY AND BENEFITS. PLEASE CONTACT PAYROLL SERVICES WITH ANY QUESTIONS.**

**REMARKS:**

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