

STATE OF ALASKA  
DEPARTMENT OF TRANSPORTATION  
AND PUBLIC FACILITIES  
ALASKA MARINE HIGHWAY SYSTEM  
7559 N. Tongass Ave., Ketchikan, AK 99901

VACATION/LWOP\*  
REQUEST

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 \_\_\_\_\_  
                                  NO. OF WORK WEEKS           PAY PERIOD ENDING \_\_\_\_\_
- 2) SECOND OPTION        FROM \_\_\_\_\_ TO AND INCLUDING \_\_\_\_\_  
  IF 1ST IS NOT           NO. OF WORK WEEKS           PAY PERIOD ENDING \_\_\_\_\_  
  APPROVED
- 3) THIRD OPTION         FROM \_\_\_\_\_ TO AND INCLUDING \_\_\_\_\_  
  IF 1ST OR 2ND IS       NO. OF WORK WEEKS           PAY PERIOD ENDING \_\_\_\_\_  
  NOT APPROVED

C. OTHER USES OF VACATION:

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

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 \_\_\_\_\_

\_\_\_\_\_  
SIGNED: For the Union

\_\_\_\_\_  
SIGNED: For AMHS

\_\_\_\_\_  
DATE

- \*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.

E. REMARKS: