MEBA Vacation Plan
Early Return Permission Form

Date: _____/____/_____   Port: _____

Officer: _____   SSN: ___XXX-XX-_____

Sailing Early Return	The aforementioned Officer's date to return to work from vacation is _____/____/_____. However, due to the vessel operating requirements, he/she has been given permission by me to return to the _____ from _____/____/_____ to _____/____/_____, Vessel Name which is ____ days early. It is understood that the aforementioned Officer shall be required to make up only the early return days actually worked in Covered Employment before the commencement of his/her next vacation.
Port Relief Early Return	The aforementioned Officer's date to return to work from vacation is _____/____/_____. However, due to the vessel operating requirements, he/she has been given permission by me to work the following Port Relief jobs while on vacation: _____ from _____/____/_____ to _____/____/_____; number of days worked _____ _____ from _____/____/_____ to _____/____/_____; number of days worked _____ _____ from _____/____/_____ to _____/____/_____; number of days worked _____ _____ from _____/____/_____ to _____/____/_____; number of days worked _____
Plan Office Use Only	Period of early return: _____/____/____ - _____/____/____, _____/____/____ - _____/____/____ _____/____/____ - _____/____/____. Number of early return days: _____ Assigned make up period: _____/____/____ - _____/____/____, _____/____/____ - _____/____/____, _____/____/____ - _____/____/____. Check#: _____ Date: _____/____/_____

Officer's Signature: _____   **Authorized MEBA Official:** _____

Both signatures are required.