



MEBA Vacation Plan

Supporting Members and Their Families

1007 Eastern Avenue
Baltimore, Maryland 21202-4345
Phone (410) 547-9111
www.mebaplans.org

CONVERTED OVERTIME WORKSHEET
NOT VALID WITHOUT APPLICATION FOR VACATION PAY
READ INSTRUCTIONS CAREFULLY BEFORE FILING

1. This application MUST be submitted simultaneously with your Application for Vacation Pay.
2. Only the original copy of the Company's certificate should be submitted.
3. Complete the W-4 Employee's Withholding Allowance Certificate on the Application for Vacation Pay.
4. Specific payment instructions should be completed on the Application for Vacation Pay. You can Carry Over up to a maximum of 90 days of Converted Overtime and 90 days of Regular Vacation.

NOTE: Failure to complete all sections of this application or include all applicable documentation may result in delayed processing of your claim.

TO BE FILLED OUT BY MEMBER:

First Name	Last Name	Social Security Number	Birth Date
Address	City	State	Zip
Phone Number	Email Address		
<p>I understand that it is a violation of the MEBA Vacation Plan rules for me to work under the authority of my license (including night/relief work) during the period for which I am collecting vacation benefits, unless such work is performed under an Early Return Authorization. I further understand that the penalty for such violation will be loss of 6 months' employment credit toward my next vacation.</p> <p>I hereby certify that the information contained herein is accurate. I understand that if I make omissions, false statements or collect money fraudulently from the MEBA Vacation Plan, I am subject to disciplinary action from the Union in accordance with the provisions of the Constitution, and loss of benefits from the MEBA Vacation Plan.</p>			
Signature of Applicant: _____		Filing Date: _____	

TO BE FILLED OUT BY COMPANY REPRESENTATIVE:

From (yyyy/mm/dd)	Through (yyyy/mm/dd)	Vessel	FOS	ROS	Rating	Hourly Rate	Hours	Amount
Total:								

Certified By: _____	Authenticating Seal
Company Representative: _____	
Name of Company: _____ Date: _____	