



Early Return 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, they have been given permission by me to return to work the following covered employment while on Vacation:

Vessel	From	To	Number of Early Return Days

Port Relief Early Return

The aforementioned Officer's date to return to work from vacation is ____ / ____ / ____.

However, due to the vessel operating requirements, they have been given permission by me to work the following Port Relief jobs while on Vacation:

Vessel	From	To	Number of Early Return Days

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 their next vacation.

 Officer's Signature

 Authorized MEBA Official

Both Signatures are required.