INLAND
VACATION APPLICATION

Date of application _____
(month)   (day)   (year)

Port of application _____

Social Security No. [ ][ ][ ]█[ ][ ]█[ ][ ][ ]   Name _____
(last)   (first)   (middle)

Permanent
Address _____   Home Phone (____) _____
For Mail   (street)   (area)   (phone)

_____   Book Number _____
(city, state. zip)

Marital Status _____   Number of tax exemptions claimed _____   N.Y. State resident   Yes ☐   No ☐

(Do Not Write In Gray Area)

MONTH	YEAR	EMPLOYER		RATING		NO. DAYS WORKED
JANUARY						
FEBRUARY						
MARCH						
APRIL						
MAY						
JUNE						
JULY						
AUGUST						
SEPTEMBER						
OCTOBER						
NOVEMBER						
DECEMBER						

Total Number of Days Worked   *Must be 75 or over   [   ]

NOTE: EMPLOYMENT MUST BE LISTED ON A MONTH BY MONTH BASIS.
IF ADDITIONAL LINES ARE REQUIRED USE OTHER SIDE.

Verified by: _____
(Before Signing, See Other Side)   Union Representative

Member's Signature _____   Date _____

P-169-04/20

NOTE: IF ADDITIONAL LINES ARE REQUIRED USE THIS SIDE.

(Do Not Write In Gray Area)

MONTH	YEAR	EMPLOYER		RATING		NO. DAYS WORKED

Total Number of Days Worked   *Must be 75 or over

For Union Representative:

Before signing and forwarding application to Headquarters, be certain that it is filled out correctly and completely.

The following is a check list of data that must be contained in the application.

1. Port of application and date.
2. Bame, Social Security Number, address and phone number.
3. Book number.
4. Marital status and number of tax exemptions.
5. N.Y. State Resident (Yes or No).
6. Employment time: year, month, employer, rating and days worked.
7. Member's signature, your signature.
8. Proof of employment must be attached to application.

Seafarers Vacation Plan
5201 Capital Gateway Drive
Camp Springs, MD 20746