



# 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)

(city, state, zip)

Book Number \_\_\_\_\_

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 \_\_\_\_\_

**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. Name, 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.

