

I L W U / P M A

PAID HOLIDAY CLAIM

Date Filed: \_\_\_\_\_

Name: \_\_\_\_\_

Reg. No. \_\_\_\_\_

(Please check appropriate spaces)

<u>Port</u>	<u>Status</u>	<u>Class</u>
<input type="checkbox"/> LA-LB	<input type="checkbox"/> Foreman	<input type="checkbox"/> "A"
<input type="checkbox"/> Port Hueneme	<input type="checkbox"/> Longshoreman	<input type="checkbox"/> "B"
<input type="checkbox"/> San Diego	<input type="checkbox"/> Clerk	

I did not receive a payment for "Paid Holiday" for the following holiday: \_\_\_\_\_, and claim I am entitled to payment for the following reason:

(Check one)

- Absence due to vacation.
- Absence due to illness/injury (verification attached).
- Absence due to visiting \_\_\_\_\_ (Port).
- Absence due to Jury duty (verification attached).
- Sufficient hours credited but not recorded for previous year.
- Other - explain. \_\_\_\_\_

\_\_\_\_\_  
Signature

NOTE: TO BE VALID THIS CLAIM MUST BE FILED IN THE PORT WHERE REGISTERED BEFORE THE 5TH PAYDAY FOLLOWING THE NORMAL PAYDAY FOR THE PAID HOLIDAY.

PMA USE ONLY	
Approved:	_____
Denied:	_____