

2020 ILWU/PMA COVID-19 VACATION ADVANCE REQUEST

Reg. #: _____ Name: _____ Local: _____

One Week Advance for Sick Leave

Two Week Advance for Sick Leave

I acknowledge that by applying for an advance vacation payment the amount paid will be subtracted from my normal vacation payment processed in 2021 for vacation earned in 2020.

Claimant's signature: _____ Date: _____

PMA USE ONLY

Number of Vacation Weeks Paid in 2020: _____

Request Approved: One Week Advance
 Two Weeks Advance
 One Week, individual was not paid two Vacation Weeks in 2020

Request Denied: Did not receive Vacation Pay in 2020
 Has no work hours in 2020 at time of request
 Previously requested an early vacation disbursement (2020 retiree)

By: _____

Date: _____