



**TO: PAYMASTER
MARITIME DATA CENTRE**

Fax: 423-0838

I wish to draw:

1. All of my accrued vacation pay to date.
2. \$_____ from my vacation accrued pay to date.

Name - (Print)

Union Number

Signature

Date

I.L.A. Local 269 I.L.A. Local 1341

I.L.A. Local 1825

Employees Please Note:

This form must be given to MDC by no later than Thursday of the week prior to the expected payment. Payment will be made the following Thursday. The number of requests for vacation pay is limited to a maximum of eleven (11) per year in addition and prior to the annual payout.