



M.E.B.A. Leave of Absence Form



To: M.E.B.A. Branch: _____

Date: _____

In compliance with M.E.B.A. Shipping Rule #17, you are hereby notified that I am leaving my vessel, the _____ for the reason indicated below:

Vacation **Personal Reasons** **Vessel Laid Up** **Discharge** **Medical Reasons**

I will be off the vessel approximately _____ days.

Approved by: _____

Officer's Name _____

Port of: _____

Rating: _____

Signature: _____

Remarks: _____
