IBEW LOCAL UNION 639

VACATION REQUEST FORM

Please print neatly and clearly!

Vacation requests must be received in the Local 639 office at least one business day before the day your vacation starts. Local 639 will review each request to make sure that you have eligibility.

Just a reminder that you may not cancel vacation in the middle of a request and that you may not take a call while on vacation status. Vacation must be taken in seven (7) day increments.

Please fax the following information to 805-544-3762:

NAME: ________________________________

LOCAL: ________________ CARD # ________________

DATE YOU SIGNED BOOK: _____________________________

PHONE #: ________________________________

FIRST DAY OF VACATION: ________________________________

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<thead>
<tr>
<th></th>
<th>One (1) Week</th>
<th></th>
<th>Two (2) Weeks</th>
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</thead>
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DATE FAXED: ________________________________

_____________________________________________
Signature