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## TIME SHEET FOR NIGHT, HOLIDAY, AND WEEKEND RELIEF ENGINEERS

NOTE: (1) Payment will not be made if entries on this form are altered, defaced, or NOT signed by an authorized person.  
 (2) Only APPROVED time will be paid. Any dispute must be processed through the regular Union grievance procedure on forms provided by the company.

NAME \_\_\_\_\_ COMPANY \_\_\_\_\_ ETA \_\_\_\_\_  
 SOCIAL SECURITY NO. \_\_\_\_\_ VESSEL \_\_\_\_\_ ETD \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ PIER \_\_\_\_\_ REP: \_\_\_\_\_  
 MOBILE PHONE NO. \_\_\_\_\_ PORT OF \_\_\_\_\_ PRE  PRO  PRD  DIST. NO.-PCD, MEBA  
 EMAIL ADDRESS: \_\_\_\_\_ BRANCH \_\_\_\_\_

I certify that the person hereon was dispatched as a Port Relief Engineer on \_\_\_\_\_ for the above company and vessel. \_\_\_\_\_  
 (Date) (Authorized Union Official)

<i>For Ship's Use Only</i>														
Date	From	To	Hours	Rate	Explanation, if needed	No. of Hot Meals	Hours of Ammo Bonus	Additional Compensation				Transportation	Check One	
								From	To	Hours	Explanation	Location	R/T	O/W
<b>TOTALS</b>														

I certify that this time sheet is true and correct, that the person named hereon was employed and did perform the services for the period(s) stated above and that he is entitled to be reimbursed, therefore.

\_\_\_\_\_  
 Authorized Company Representative Title Company/Vessel Date

\_\_\_\_\_  
 Night Engineer's Signature Date

I hereby certify that the information herein is accurate. I understand that if I make false statements and collect money fraudulently from the MEBA Vacation Plan, I am liable to expulsion from the Union in accordance with the provisions of its Constitution.

\_\_\_\_\_  
 Night Engineer's Signature Date

I hereby authorize and direct you to deduct from the payment due by this claim, 6% of the vacation factor included in the payment, which sum represents a portion of the membership dues or service charge payment owed to District No. 1-Pacific Coast District MEBA, pursuant to Article 15, Section 1, of its By-Laws. I hereby direct you to pay the amount so deducted to District No. 1-Pacific Coast District, MEBA.

\_\_\_\_\_  
 Night Engineer's Signature Date

I hereby authorize and direct you to deduct from the payment due by this claim, \$\_\_\_\_\_ voluntary contribution to the MEBA Political Action Fund. I hereby authorize and direct you to pay the amount so deducted to District No. 1-Pacific Coast District, MEBA.

NOTE: If you have direct deposit authorization on file, it is effective until the plan is notified in writing.

# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

# 2026

### Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
<b>Caution:</b> To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

### Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . .

**Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

### Step 3: Claim Dependent and Other Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
(a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . .	<b>3(a)</b>	\$	
(b) Multiply the number of other dependents by \$500 . . . . .	<b>3(b)</b>	\$	
Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . .	<b>3</b>	\$	

### Step 4: Other Adjustments

(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
(b) <b>Deductions.</b> Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . . .	<b>4(b)</b>	\$
(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	<b>4(c)</b>	\$

Exempt from withholding I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . . . . .

### Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

\_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.)

\_\_\_\_\_  
**Date**

### Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)
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