

Date: \_\_\_\_\_

Open Skies Interline Vacations  
3021 Highway A, Suite 103  
Washington, MO 63090  
1-800-935-9444  
Fax: (636) 432-1459

To Whom It May Concern:

The following individual is an employee of \_\_\_\_\_ as of the date of this letter.  
Please extend authorization for the interline travel they are requesting.

Employee Name: \_\_\_\_\_

Employee #: \_\_\_\_\_ Position: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

The following are eligible dependents of the employee:

Spouse/Companion: \_\_\_\_\_

Dependent Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dependent Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dependent Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dependent Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Thank you for any considerations.

Sincerely,

\_\_\_\_\_  
Signature of Manager and/or Supervisor

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Print this letter and copy it onto company letterhead. Have your manager and/or supervisor complete and sign the form.  
Please mail, email or fax to Open Skies Interline Vacations along with a photo copy of your airline ID badge.**