

INSTRUCTIONS

Complete this form for reduced rate (percentage discount) pleasure/business travel on Hawaiian's system or for pass/reduced rate travel on other airlines with which Hawaiian Airlines has reciprocal agreements. Refer to your copy of the Reduced Rate Chart for more information.

1. A separate form is to be completed for each airline and for each type (75%, 90%, pass, etc.) of request.
2. Complete form in duplicate. Both copies are to be sent to the Pass Bureau.
3. Complete lines 1 through 4. Request must be legible; please print or type. Fill in completely, spelling out first names in full. When completing section 4 (TRANSPORTATION REQUESTED ON:), be sure to list complete itinerary, and circle either TO or VIA. Example: If your itinerary requires through stops along the way to reach your final destination, - **FROM** HNL VIA LAX TO DEN etc. etc. If your trip is just roundtrip HNL - ORD - HNL, then it's **FROM** HNL TO ORD TO HNL
4. Attach service charge if requesting travel on another carrier and if carrier requires advance payment. Payment must be in the form of credit union check, money order or certified check. Personal checks will not be accepted.
5. Sign request and submit to your supervisor for approval. Supervisor to submit to Pass Bureau, Honolulu after signing.
6. **Requests must be received by the Pass Bureau five working days prior to date of travel.** For reduced rate travel on Hawaiian or on a carrier with which Hawaiian Airlines has a self-ticketing agreement, request will be accepted up to 10 days prior to travel.

FOR EMPLOYEES BASED IN THE STATE OF HAWAII

For reduced rate tickets on Hawaiian Airlines or on other carrier:

Tickets will be at the HA HNL ATO Will Call counter three days prior to the date tickets are needed. Tickets can be sent to your department. If requesting service charge passes from another airline, enclose a self-addressed, stamped envelope.

EMPLOYEES BASED OUTSIDE THE STATE OF HAWAII

For reduced rate tickets on Hawaiian Airlines or on other carrier:

For ticket mailing service, enclose a self-addressed, stamped envelope and provide payment. (Hawaiian Airlines or other credit card, or personal check payable to Hawaiian Airlines. If sending personal check, please leave amount blank as fares vary.) If not, tickets will be sent to our HA HNL ATO Will Call counter for pickup three days prior to the date tickets are needed.

EMPLOYEES BASED IN LAX, SFO, SEA, ANC

For reduced rate tickets on Hawaiian Airlines or on other carrier:

Fax request to Pass Bureau. PNR/RECORD will be created and sent to the location specified on the request.



HAWAIIAN
AIRLINES_®

REQUEST FOR PASS OR REDUCED RATE TRANSPORTATION

(See first page for instructions before completing this form)

Complete in duplicate. Send both copies to HAL Pass Bureau for processing.

1. EMPLOYEE INFORMATION: (PRINT OR TYPE)

Full Name (Please Print)	Emp#	Title	PT/FT	Location	Hire Date	Bus.
						Home
						Telephone Contact

2. TYPE OF TRAVEL: Check One: Circle class of service: F=First Class; Y=Coach

75% F Y Pass _____ Company business (only 50% POS)
 (Attach payment if applicable)
 90% Y 10% HA Revenue (Positive) travel - (Restrictions apply)

3. INDIVIDUALS TRAVELING: (List ALL travelers)

Name	Relationship	Child's Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. TRANSPORTATION REQUESTED ON: AIRLINE: _____

FROM: TO TO TO TO TO TO TO TO
 VIA VIA VIA VIA VIA VIA VIA VIA VIA VIA VIA VIA VIA VIA VIA VIA
 (Circle either TO or VIA when filling itinerary)

DATE TICKETS NEEDED: _____ COMAIL TO (DEPARTMENT): _____ WILL CALL - 3RD FLOOR Koapaka Street receptionist
 MAIL ME MY TICKETS (Self addressed stamped envelope enclosed with this request and payment)

FORM OF PAYMENT	
PASS TRAVEL ON OTHER AIRLINE: \$ _____ Service charge (Money order, credit union or certified check only) - include self-addressed stamped envelope	REDUCED RATE TRANSPORTATION: <input type="checkbox"/> Charge Card Charge card # _____ Expires: _____ Cardholder's name: _____ <input type="checkbox"/> Personal check (payable to Hawaiian Airlines) Social Security # required on check

Free and reduced rate transportation is not transferable. I understand that a person may be fined up to \$5,000 for willful misrepresentation and appropriate disciplinary action will be taken by the company for abuse of the pass policy. Identification is required for all travel.

_____ Employee's signature	_____ Date
_____ Supervisor's signature	_____ Date

5. APPROVAL AND AUTHORIZATION TO ISSUE:

_____ Vice President - People Serves Group	_____ Date
---	---------------