

## LEAVE APPLICATION

MSTS FORM 12630-1 (REV 11-61)


165-4

|   |  |  |   |                             |
|---|--|--|---|-----------------------------|
| 1. EMPLOYEE'S NAME (LAST) (FIRST) (MIDDLE)<br>MC ALISTER, JAMES W |  |  | 2. NAME OF SHIP OR RECEIVING BRANCH AND ACCTG NO.<br>USNS GEN. JOHN POPE T-AP 110 | 3. EMPLOYEE NUMBER<br>30122 |
| 4. SPECIFY TYPE (ANNUAL, LWOP, ETC)<br>AWOL                       |  | 5. SPECIFY TIME (NO. OR HOURS) FROM (HR, DAY, MO, YR)<br>8 0800 7 Feb 67 | TO (HR, DAY, MO, YR)<br>1700 7 Feb 67   |                             |

Leave or excused absence as specified above is hereby requested:

- (a) ☐ (HOME PORT LEAVE ONLY). I want leave without pay to cover any period of absence specified above which is not covered by annual leave or duty status in the Receiving Branch. I understand that leave in the home port separates me from the service of the ship until I return to work in the ship. I understand that my leave may be cancelled at any time because of operational requirements. (Employee's initials \_\_\_\_\_)
- (b) ☐ (VOYAGE SICK LEAVE AND HOME PORT SICK LEAVE EXCEEDING 3 DAYS). A physician's certification of my illness is attached or indicated hereon. (Voyage requests: Department Head certifies when no Medical Officer is aboard.)
- (c) ☐ (SICK LEAVE COVERING EXAMINATION OR TREATMENT ONLY.) Medical, dental, or optical examination or treatment was performed by --

(Name of practitioner) \_\_\_\_\_

|  |                                |  |
|--|--------------------------------|--|
| 7. (A) EMPLOYEE'S SIGNATURE  | (B) DATE SUBMITTED<br>8 Feb 67 | 8. (A) APPROVAL (SIGNATURE OF APPROVING AUTHORITY)<br> |
| (C) FORWARDING ADDRESS AND PHONE NO. (NOTIFY SHIP OR RECEIVING BRANCH OF ANY CHANGE) |                                | (B) TITLE OF APPROVING AUTHORITY<br>FIRST OFFICER  |

## 9. REPORTING INSTRUCTIONS

To the employee: You are instructed to return to duty with (Ship's name or Receiving Branch) \_\_\_\_\_  
by (hour, day, month) \_\_\_\_\_.

## 10. REMARKS

IMPORTANT: Any false statements in connection with this application may be construed as an attempt to defraud the Government subject to fine or imprisonment, or both.