

LEAVE APPLICATION

MSTS FORM 12630-1 (REV 11-61)

165-4

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

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 <i>8 Feb 67</i>	8. (A) APPROVAL (SIGNATURE OF APPROVING AUTHORITY) 
(C) FORWARDING ADDRESS AND PHONE NO. (NOTIFY SHIP OR RECEIVING BRANCH OF ANY CHANGE)		(B) TITLE OF APPROVING AUTHORITY <i>FIRST OFFICER</i>

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.