

LEAVE APPLICATION

MSTS FORM 12830-1 (REV 11-61)

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

No request made to above. At about 1530, 7 Feb. you reported to me and STATED that you had your teeth examined.

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.