

LEAVE APPLICATION
MSTS FORM 12630-1 (REV 11-61)

36-#7, 22
Issued advice of sick leave letter this day and date.

165-4

1. EMPLOYEE'S NAME (LAST) (FIRST) (MIDDLE) <i>MACALISTER JAMES W.</i>	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>SICK</i>	5. SPECIFY TIME (NO. OR HOURS) FROM (HR, DAY, MO, YR) <i>4 1300 9 Feb. 67</i>	TO (HR, DAY, MO, YR) <i>1700 9 Feb. 67</i>

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 *JWM*)
- (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. Macalister</i>	(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

Consider 4 hours more than required for dental work and transfer

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.