

AD SMP P

MAY 2 1969

PERSONNEL DIVISION LEAVE REQUEST

Date: _____

(Read NOTE on reverse side)

| | | | | |
|-------------------------------|------------------------------|-----------------------|---------------------|--------------|
| NAME E. W. WASH | EMPLOYEE No. 01356 | DEPARTMENT/DIVISION | BASE/STATION | |
| TYPE OF LEAVE REQUESTED | FROM | | THROUGH | TOTAL No. OF |
| | hour | DAY MONTH YEAR | hour DAY MONTH YEAR | DAY HOUR |
| HOME | | | | |
| TRAVEL TIME | | | | |
| ANNUAL VACATION | | | | |
| ANNUAL | | | | |
| SICK | | | | |
| WITHOUT PAY (30 DAYS OR LESS) | | | | |
| (OTHER) *Com Off | 0800 17 5 1969 | 1730 17 5 1969 | 1 | |

ADDRESS (AND TELEPHONE No.) WHERE EMPLOYEE CAN BE REACHED WHILE ON LEAVE:

- NAME OF OCCUPANT OF RESIDENCE. i.e. C/O
E. WASH
- COMPLETE ADDRESS (HOUSE No., STREET, CITY, STATE, ZIP CODE - IF APARTMENT, ALSO INDICATE APARTMENT No.)
12 LANE 29 CHIN HSLIEN ST. TAIWAN.
- TELEPHONE No. (IF NO TELEPHONE AVAILABLE, SO INDICATE)
- NAME OF CARRIER TO USA (TO BE COMPLETED BY EMPLOYEES PROCEEDING TO USA ON ANY TYPE OF LEAVE).

EMPLOYEE'S SIGNATURE: **E. Wash**

| | | | | | |
|---|-------|--------------------|-----------------------------|---|-----------------------|
| APPROVALS | NAME | P. Chambers | DIVISION DIRECTOR | OFFICER | DIRECTOR OF PERSONNEL |
| | TITLE | MFP | <i>[Signature]</i> | DSID | |
| | DATE | 16 May 69 | MAY 17 1969 | | |
| ROUTING | | INITIALS | DATE EMP: | REMARKS | |
| 1. TO PERSONNEL DIVISION FOR APPROVAL | | [Initials] | UNUSED ACCURED LEAVE AS OF: | No PND approval required. Compensatory leave for overtime worked on 16/5/69 from 1730 to 0130 17/5/69 | |
| 2. TO PAYROLL DEPARTMENT FOR RECORDING/ACTION | | [Initials] | S/L: _____ DAYS | | |
| | | | A/L: _____ DAYS | | |
| 3. TO PERSONNEL DIVISION FOR FILE | | | H/L: _____ DAYS | | |
| | | | AVL: _____ DAYS | | |

PD-10 R13

(Space for Medical Certification on reverse side)

APPROVED FOR
RELEASE DATE:
24-Aug-2010

MEDICAL CERTIFICATION

DATE: _____

THE CHIEF OF MEDICAL DEPARTMENT OR DR. _____, COMPANY APPOINTED STAFF PHYSICIAN, HEREBY CERTIFIES THAT THE EMPLOYEE CONCERNED WAS (OR WILL BE) UNDER MEDICAL TREATMENT FROM _____, 19____ TO _____, 19____, INCLUSIVE, AND DURING SUCH TIME WAS (OR WILL BE) INCAPACITATED FOR REGULARLY ASSIGNED DUTIES.

NATURE OF DISABILITY: _____
(IN GENERAL TERMS ONLY)

SIGNATURE OF CHIEF MEDICAL DEPARTMENT OR ATTENDING PHYSICIAN: _____

NOTE

1. TWO (2) COPIES OF THIS LEAVE REQUEST SHOULD BE SUBMITTED TO THE PERSONNEL DIVISION FOR LEAVE OF ANY TYPE WHICH INVOLVES TRAVEL TO THE USA. ONE (1) COPY OF THIS LEAVE REQUEST SHOULD BE SUBMITTED FOR LEAVE OF ANY TYPE WHICH DOES NOT INVOLVE SUCH TRAVEL. ALL LEAVE REQUESTS MUST BE SUBMITTED TO RECORDS SECTION OF PERSONNEL DIVISION (OR CHIEF OF PERSONNEL DEPARTMENT-TAINAN FOR CHINESE EMPLOYEES STATIONED AT TAINAN) FOR APPROVAL AND FURTHER HANDLING.
2. ONE (1) COPY OF THIS LEAVE REQUEST MUST BE RETAINED BY THE SUPERVISOR OF EMPLOYEES WHO DO NOT CLOCK TIME CARDS. THE SUPERVISOR SHALL COMPLETE RETURN TO DUTY REPORT ON THE REVERSE SIDE OF SUCH COPY AND SUBMIT SAME DIRECTLY TO RECORDS SECTION OF PERSONNEL DIVISION OR CHIEF OF PERSONNEL DEPARTMENT-TAINAN, AS APPROPRIATE, WHEN THE EMPLOYEE HAS RETURNED TO DUTY OR HAS FAILED TO RETURN TO DUTY UPON EXPIRATION OF THE EMPLOYEE'S APPROVED LEAVE. THE APPROVED LEAVE DATES, IF DIFFERENT FROM THE DATES ACTUALLY TAKEN, WILL BE AUTOMATICALLY ADJUSTED BY RECORDS SECTION OF PERSONNEL DIVISION OR CHIEF OF PERSONNEL DEPARTMENT-TAINAN, BASED ON THE INFORMATION CONTAINED IN THE COMPLETED RETURN TO DUTY REPORT. SUBMISSION OF A REVISION LEAVE REQUEST FOR THIS PURPOSE IS NOT NECESSARY.
3. FOR EMPLOYEES WHO CLOCK TIME CARDS AND WHOSE APPROVED LEAVE DATES ARE DIFFERENT FROM THE DATES ACTUALLY TAKEN, A REVISION LEAVE REQUEST MUST BE SUBMITTED TO SUPERSEDE THE ORIGINAL LEAVE REQUEST.
4. REQUEST FOR LEAVE WITHOUT PAY FOR A PERIOD OF OVER 30 DAYS MUST BE COVERED BY AN RPA FOR PRIOR APPROVAL BY DIRECTOR OF PERSONNEL.

RETURN TO DUTY REPORT

TO: PAYROLL DEPARTMENT VIA RECORDS SECTION, PND-TPE OR CHIEF OF PERSONNEL DEPARTMENT-TNN (CROSS OUT THE INAPPLICABLE ONE)

THIS IS TO CONFIRM THAT THE EMPLOYEE WHOSE NAME AND REQUESTED LEAVE ARE SHOWN ON THE OTHER SIDE:-

- HAS RETURNED TO DUTY ON _____ AS SCHEDULED.
- HAS RETURNED TO DUTY ON _____ WITH REVISED LEAVE DATES AS INDICATED ON THE OTHER SIDE.
- HAS FAILED TO RETURN TO DUTY UPON EXPIRATION OF HIS REQUESTED LEAVE. ANOTHER REPORT WILL BE SUBMITTED WHEN HE RETURNS FROM THE LEAVE.

DATE _____

(NAME, TITLE & SIGNATURE OF SUPERVISOR) _____