

**PERSONNEL DIVISION**

(Read Note on Reverse Side)

**LEAVE REQUEST FORM**

Date: 18/4/66

Name EDWIN M. WALLS Ref. No. \_\_\_\_\_ Department AMD SHOPS Station TNNC

TYPE OF LEAVE REQUESTED	FROM:				THROUGH:				TOTAL No. OF	
	HOUR	DAY	MONTH	YEAR	HOUR	DAY	MONTH	YEAR	DAY	HOUR
Home										
Travel Time										
Annual	0800	21	Apr.	64	1730	23	Apr.	64	3	
Sick										
Without Pay (30 days or less)										
(OTHER)										

Address (and telephone No.) where employee can be reached while on leave:

- Name of occupant of residence, i.e. % 90 LAT Admin Office TPE
- Complete address \_\_\_\_\_  
HOUSE NO., STREET, CITY, STATE - IF APARTMENT, ALSO INDICATE APARTMENT NO.
- Telephone No. \_\_\_\_\_ (if no telephone available, so indicate)

*Edwin M. Walls*  
Employee's Signature

**APPROVALS:**

Name	Title	Date	Name	Title	Date
<i>R. Hale</i>		<u>18 April 66</u>			

Division Director \_\_\_\_\_ Date \_\_\_\_\_ Officer \_\_\_\_\_ Date \_\_\_\_\_  
 Director of Personnel \_\_\_\_\_

Remarks:

ROUTING	Initials
1. To Personnel Division for Approval	<i>WJ</i>
2. To Payroll Section for Recording/Action	<i>Post</i>
3. To Personnel Division for File	<i>Full</i>

PD-10 R12

(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. EXCEPT FOR ANNUAL LEAVE OR LEAVE WITHOUT PAY INVOLVING DISCOUNTED TRAVEL ON OTHER CARRIERS, FOR WHICH TWO COPIES OF THE REQUEST MUST BE SUBMITTED, ONLY ONE COPY IS NORMALLY REQUIRED IN OTHER CASES. ALL LEAVE REQUESTS MUST BE SUBMITTED TO RECORDS SECTION OF PERSONNEL DIVISION (OR PERSONNEL MANAGER, TAINAN FOR CHINESE EMPLOYEES STATIONED AT TAINAN) FOR APPROVAL AND FURTHER HANDLING.
2. FOR EMPLOYEES WHO DO NOT CLOCK TIME CARDS, ANOTHER EXTRA COPY EACH OF ALL LEAVE REQUESTS SHALL BE RETAINED BY THE CONCERNED SUPERVISORS. THE SUPERVISOR SHALL COMPLETE RETURN TO DUTY REPORT ON THE REVERSE SIDE OF THE EXTRA COPY AND SUBMIT SAME DIRECTLY TO RECORDS SECTION OF PERSONNEL DIVISION OR PERSONNEL MANAGER, 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 PERSONNEL MANAGER, TAINAN, BASING 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 SECTION VIA RECORDS SECTION, PND-TPE OR PERSONNEL MANAGER, 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 LEAVE DATES REVISED TO BE FROM

\_\_\_\_\_  
(HOUR) (DAY) (MONTH) (YEAR) THROUGH (HOUR) (DAY) (MONTH) (YEAR)

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)