

**PERSONNEL DIVISION**

**LEAVE REQUEST FORM**

Date: 27/12/63

(Read Note on Reverse Side)

Name WALSH Ref. No. \_\_\_\_\_ Department SHOPS Station TMM

TYPE OF LEAVE REQUESTED	FROM:				THROUGH:				TOTAL No. OF	
	HOUR	DAY	MONTH	YEAR	HOUR	DAY	MONTH	YEAR	DAY	HOUR
Home										
Travel Time										
Annual										
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. % E. Walsh
- Complete address #6 Lane 4 Chiu Hsueh St. TMM  
HOUSE NO., STREET, CITY, STATE - IF APARTMENT, ALSO INDICATE APARTMENT NO.
- Telephone No. \_\_\_\_\_ (if no telephone available, so indicate)

E. Walsh  
Employee's Signature

**APPROVALS:**

Name	Title	Date	Name	Title	Date
	<u>DAM</u>				
Division Director		Date	Officer		Date
			<u>Director of Personnel</u>		

Remarks:

ROUTING	Initials
1. To Personnel Division for Approval	
2. To Payroll Section for Recording/Action	
3. To Personnel Division for File	

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.

*E. M. Walsh*

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 13:00 PM, 24 Dec 63 AS SCHEDULED.
- HAS RETURNED TO DUTY ON \_\_\_\_\_ WITH LEAVE DATES REVISED TO BE FROM \_\_\_\_\_ THROUGH \_\_\_\_\_  
(HOUR) (DAY) (MONTH) (YEAR) (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.

24 Dec 1963

DATE

*[Signature]* CSHP  
(NAME, TITLE & SIGNATURE OF SUPERVISOR)

*CSHP*

*[Signature]*