Application for Leave of Absence Due to Illness

SIXTY PERCENT (60%) SUPPLEMENTARY PAY

TO BE PREPARED IN DUPLICATE

DIVISION	DEPARTMENT	· · · · · · · · · · · · · · · · · · ·	DATE	19
l,	Title		Pass No	•
	Pay Location			duty, with 60% pay, on
account of fliness or injury	(from causes other than accident when	A.M.	e with statement below:	A 14
Absent from	, 19,	P.M. to	, 19,	A.M. P.M. inclusive.
	service accident, state where, when			
i was unable to work during	g said period because	4-1		· ·
Did accident occur while w	orking for employer other than T.A.?			
			(Signature	9)
(This certification must be upon.)	completely filled out by the attending	g physician before payme	nt for sick leave at 60% p	pay will be passed
apo ,	DOCTOR	'S CERTIFICATION		
	· · · · · · · · · · · · · · · · · · ·			
Patient's Name	irst Middle	Las	Age	Sex
	t the above named employee was tre		-•	below:
		•		
1) DIAGNOSIS				
_				
a. Patient's Symp	toms		•	
				
b. Objective Findi	ngs	<u> </u>		
	• <u> </u>		- Address - Addr	
2) TREATMENT:	1.			
	2.		·	
	3.			
3) DATES OF TRE	EATMENT:			
	(A) Home			
	(B) Office			
	(C) Hospital			
I further certify tha	t this illness so incapacitated this em	nployee that he was unabl	e to perform his duties du	ring the following period:
•		•		
	ation knowing that the above mentic			
with 60% pay.	and the second s	mod omployee viii doo it	20 11.0 000.0 O. a.v. a.p.p	
Date		Signature		M.D.
		Address		
		7.1 11.		
50.00.0045.40/04		lel. No		(OVER)

DEPARTMENT REPORT

□ Bu Deste					E			
	r at Home	or Office	Code 2	No Doctor	Code 3	At Hospital		
ayroll No		Title Code		_ Section	Date of Appt.			
Code 1 🗆	Name sub	mitted to Special	Inspection D	ent but not in	nvestigated	*****		
				opt. Dut not ii	.vostigutou.			
_	-							
	_							
			vestigation.					
			-					
Code 1 \square	This is the	ONLY report for t	his illness.					
Code 2 This is the first of several reports to be submitted for same illness.								
Code 3 \square	Previous r	eport or reports w	ere submitte	d.				
Code 4 \square	Final repo	rt where interim re	eports have b	een submitte	ed.			
ious applicat	tion was su	bmitted)						
Code 1 \square	Saturday	& Sunday	Code	5 🗌 Wed	nesday & Thursday	,		
	•	·						
	·	-						
CODE 4	IIIASOAV A	Wednesday	Code					
Allowance _		Wednesday	Code	Days		ours*		
				Days	s H	ours*		
Allowance _ pplication			s*	Days	nt Diff. Hrs.	ours*		
Allowance _ pplication			s*	Days	nt Diff. Hrs.	ours*		
Allowance _ pplication		ys Hour	"s* DIS	Days Nigh	nt Diff. Hrs.	ours*		
Allowance _ pplication	Da	ys Hour	s' DIS	Nigh	nt Diff. Hrs. (Reason NIGHT DIFF.	ours*		
Allowance _ pplication	Da	ys Hour AMOUNTS HOURS*	TO BE PAID PRO RATE	Nigh SAPPROVE _	nt Diff. Hrs. (Reason MIGHT DIFF. HRS. MIN.	ours*		
Allowance _	CODE 8-9	ys Hour	s' DIS	Nigh	nt Diff. Hrs. (Reason NIGHT DIFF.	ours*		
Allowance _ pplication	Da	ys Hour AMOUNTS HOURS*	TO BE PAID PRO RATE	Nigh SAPPROVE _	nt Diff. Hrs. (Reason MIGHT DIFF. HRS. MIN.	ours*		
Allowance _	CODE 8-9	ys Hour AMOUNTS HOURS*	TO BE PAID PRO RATE	Nigh SAPPROVE _	nt Diff. Hrs. (Reason MIGHT DIFF. HRS. MIN.	ours*		
Allowance	CODE 8-9 02	ys Hour AMOUNTS HOURS*	TO BE PAID PRO RATE	Nigh SAPPROVE _	nt Diff. Hrs. (Reason MIGHT DIFF. HRS. MIN.	ours*		
Allowance	CODE 8-9 02	ys Hour AMOUNTS HOURS*	TO BE PAID PRO RATE	Nigh SAPPROVE _	nt Diff. Hrs. (Reason MIGHT DIFF. HRS. MIN.	ours*		
Allowance	CODE 8-9 02	ys Hour AMOUNTS HOURS*	TO BE PAID PRO RATE	Nigh SAPPROVE _	nt Diff. Hrs. (Reason MIGHT DIFF. HRS. MIN.	ours*		
Allowance	CODE 8-9 02	ys Hour AMOUNTS HOURS*	TO BE PAID PRO RATE 15-16	Nigh SAPPROVE _	nt Diff. Hrs. (Reason MIGHT DIFF. HRS. MIN.	ours*		
	Code 2 Code 4 Code 1 Code 2 Code 3 Code 3 Code 4 Code 3 Code 4 Code 1 Code 1	Code 2 Investigate Code 3 Investigate Code 4 Name NO Code 1 This is the Code 2 This is the Code 3 Previous r Code 4 Final reportious application was su Code 1 Saturday & Code 2 Sunday &	Code 2 Investigated but not found at horizonde 3 Investigated and found at horizonde 4 Name NOT submitted for important and a code 1 This is the ONLY report for the Code 2 This is the first of several reports and a Previous report or reports where interim regious application was submitted) Code 1 Saturday & Sunday Code 2 Sunday & Monday	Code 2 Investigated but not found at home. Code 3 Investigated and found at home. Code 4 Name NOT submitted for investigation. Code 1 This is the ONLY report for this illness. Code 2 This is the first of several reports to be succeeded and previous report or reports were submitted. Code 4 Final report where interim reports have becomes application was submitted. Code 1 Saturday & Sunday Code Code 2 Sunday & Monday Code Code 3 Monday & Tuesday Code	Code 2 Investigated but not found at home. Code 3 Investigated and found at home. Code 4 Name NOT submitted for investigation. Code 1 This is the ONLY report for this illness. Code 2 This is the first of several reports to be submitted for second 3 Previous report or reports were submitted. Code 4 Final report where interim reports have been submitted ious application was submitted) Code 1 Saturday & Sunday Code 5 Wed Code 2 Sunday & Monday Code 6 Thus Code 3 Monday & Tuesday Code 7 Friday	Code 3 Investigated and found at home. Code 4 Name NOT submitted for investigation. Code 1 This is the ONLY report for this illness. Code 2 This is the first of several reports to be submitted for same illness. Code 3 Previous report or reports were submitted. Code 4 Final report where interim reports have been submitted. Code 1 Saturday & Sunday Code 5 Wednesday & Thursday Code 2 Sunday & Monday Code 6 Thursday & Friday Code 3 Monday & Tuesday Code 7 Friday & Saturday		