

Application for Leave of Absence Due to Illness

SIXTY PERCENT (60%) SUPPLEMENTARY PAY

TO BE PREPARED IN
DUPLICATE

Division _____ Department _____ Date _____ 20 _____
i, _____ Title _____ Pass No. _____

Rate _____ Pay Location _____ hereby apply for leave of absence from duty, with
60% pay, on account of illness or injury (from causes other than accident while on duty) in accordance with statement below:

Absent from _____, 20____, _____ A.M. P.M. to _____, 20____, _____ A.M. P.M. inclusive
If absence is due to a non-service accident, state where, when, and how accident occurred.

I was unable to work during said period because _____

Did accident occur while working for employer other than T.A.? _____

(signature)

(This certification must be completely filled out by the attending physician before payment for sick leave at 60% pay will be passed upon.)

DOCTOR'S CERTIFICATION

Patient's Name _____ first _____ middle _____ last _____ Age _____ Sex _____

I hereby certify that the above named employee was treated by me on the dates and for the illness noted below:

1) Diagnosis _____

a. Patient's Symptoms _____

b. Objective Findings _____

2) Treatment: 1. _____
2. _____
3. _____

3) Dates of Treatment:
(A) Home _____
(B) Office _____
(C) Hospital _____

I further certify that this illness so incapacitated this employee that he was unable to perform his duties during the following period:
From _____ To _____

I make this certification knowing that the above mentioned employee will use it as the basis of an application for sick leave with 60% pay.

Date _____

Signature _____ M.D.

Address _____

Tel. No. _____