Goodrich Gunning ex. 35 V

ABSENCE PAYMENT APPROVAL FORM

Name C. E. Arthur Job Classification Chemical Operator #1

Dept. 5561
Payroll No. 0021 Birthdate 5-22-28 Years of Service Completed 5

Nature of Absence Hospitalized for Surgery.

1. How many days of extended absence does the employee qualify for under the schedule? _____

2. How many days of intermittent or extended paid absence other than for military training, jury duty, jury witness, funeral, elections and no work has the employee been paid for in the past twelve months? _____

3. How many full days of extended paid absence has the employee received during the past twelve months up to the first date shown in 6? (Include full pay and half pay days) _____

4. Total number of days of extended absence remaining? (Subtract 2 and 3 from 1) _____

5. Date present absence began. _____

6. Approval is requested from _____ through _____

7. Number of work days requested in 6? _____

8. If the number in 7 is larger than the number shown in 4, fill in a) and b).

   a. Reason for request beyond schedule:

   b. Number of days of paid absence in each of the last five years:

   1955 ___ 1956 ___ 1957 ___ 1958 ___ 1959 ___

Processed _____
Salary Administrator

Submitted by [illegible]

Approval for payment _____
President

USE THIS SECTION ONLY IF HALF PAY IS INVOLVED

1. Place employee on half pay beginning _____ (employee may remain on half pay within policy through _____.)
2. Remove employee from half pay status and return to full pay effective 8-13-6[illegible]