



IOM International Organization for Migration  
OIM Organisation Internationale pour les Migrations  
OIM Organización Internacional para las Migraciones

# LEAVE REQUEST

Prepare in **duplicate**: 1 copy will be returned by the Supervisor to the staff member, via the Time Keeper, to notify approval or disapproval of request. **MR: SS10/JUB/0002/MAR/20**

1 copy to be forwarded to HRD.

For Sick leave with certificate please prepare in triplicate and send all 3 to Medical Services/OHU.

|                  |                                   |                       |                          |           |                                  |
|------------------|-----------------------------------|-----------------------|--------------------------|-----------|----------------------------------|
| Date:            | 03/24/2020                        | Address while absent: | <input type="checkbox"/> | Submitted | Comments: 5 days of Annual Leave |
| Staff member:    | Lokiri james jackson DUKU         | GUREI BLOC 5          | <input type="checkbox"/> | Pending   |                                  |
| Staff member ID: |                                   |                       |                          |           |                                  |
| Post of Duty:    | Juba                              |                       |                          |           |                                  |
| Dept./Div        | Information Management Unit (IMU) |                       |                          |           |                                  |

| I request leave of absence as follows: |            |            |  |            |
|--|------------|------------|--|------------|
| Leave Request                          | From       | To         |  | No of Days |
| Annual Leave                           | 03/25/2020 | 03/27/2020 |  | 2          |
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|--|
| Certified to be within leave credit  |
| Certified special approval has been grant in accordance with § B.v) of General Instruction N° 404.5  |
| Time Keeper's Signature:.....  |
|  |
| * Medical certificate has been sent to:  |
|  |
| The Medical Officer, Headquarters  |
| The Chief of Mission   |
|  |
| * For Headquarters employees, officials at Headquarters and in the field a medical certificate must be sent immediately under confidential cover to the Medical Officer at Headquarters for any illness or accident. |
| a) in excess of three (3) consecutive working days   |
| b) in excess of seven (7) days non-certified sick leave in any one calendar year   |
| c) occurring during annual leave when the staff member desires such a period to be charged to sick leave instead of annual leave.  |

03/24/2020

Lokiri james jackson DUKU

Database Assistant