



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