

IOM International Organization for Migration OIM Organization 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.								
		1 copy to be forwarded to HRD.								
		For Si	ick leave with certificate please prepa	are in triplicate and	send all 3 to Medical Servi	ces/OHU.				
Date:	02/12/2020		Address while absent:	Address while absent:		Approved		Annual Leave		
Staff member:	Lokiri james jackson DUKU		Gudele II Block 5	Gudele II Block 5		Disapproved				
Staff member ID:	JBA-IOM-LS-00492				'					
Post of Duty:	Juba									
Dept./Div	Database Assistant		Staff member's signatu	Staff member's signature		Supervisor's Signature				
		I request leave of	absence as follows:							
Leave Request		From	То	То		No of Days				
Sick Leave		02/12/2020	02/14/2020	/14/2020		2				

:: SS10/JUB/0001/FEB/20	
Certified to be within leave credit	
Certified to be within leave credit	
Certified special approval has been gra Instruction N° 404.5	ant in accordance with § B.v) of General
Time Keeper's Signature:	
* Medical certificate has been sent to:	
The Medical Officer, Headquarters	
The Chief of Mission	

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Annual Leave	02/15/2020	02/20/2020	5	
7 till dar Ecave	02/13/2020	02,20,2020		
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- 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.