



LEAVE REQUEST

MR: SS10/JUB/0003/FEB/20

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

Date:	02/19/2020	Address while absent:	<input checked="" type="checkbox"/>	Approved	Comments:	Annual Leave
Staff member:	Lokiri james jackson DUKU	Test	<input type="checkbox"/>	Disapproved		
Staff member ID:	JBA-IOM-LS-00492					
Post of Duty:	Juba					
Dept./Div	JBA-IOM-LS-00492	Staff member's signature		Supervisor's Signature		

[illegible]

	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
	<p>* 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.</p> <p>a) in excess of three (3) consecutive working days</p> <p>b) in excess of seven (7) days non-certified sick leave in any one calendar year</p> <p>c) occurring during annual leave when the staff member desires such a period to be charged to sick leave instead of annual leave.</p>

Lokiri james jackson DUKU

Date _____

Lokiri james jackson DUKU

Date _____

