## 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/0003/FEB/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.

ckson DUKU	Test	Disapproved	
		Disapproved	
0492			
nagement Unit (IMU)			
	nagement Unit (IMU)		

I request leave of absence as follows:								
Leave Request	From	То	No of Days					
Annual Leave	02/19/2020	02/21/2020	2					
Maternity Leave	02/28/2020	02/28/2020	0					

Cer	tified to be within leave credit
	tified special approval has been grant in accordance with § B.v) of General ruction N° 404.5
Tim	e Keeper's Signature:
* M	edical certificate has been sent to:
The	e Medical Officer, Headquarters
The	e Chief of Mission
med	For Headquarters employees, officials at Headquarters and in the field a dical certificate must be sent immediately under confidential cover to the Medical Officer at Headquarters for any illness or accident.  in excess of three (3) consecutive working days in excess of seven (7) days non-certified sick leave in any one calendar year occurring during annual leave when the staff member desires such a period to be charged to sick leave instead of annual leave.



02/19/2020

Lokiri james jackson DUKU

Database Assistant



02/19/2020

Steller makasi KAVUWA