



MR: SS10/JUB/0004/FEB/20

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

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|------------------|---------------------------|--------------------------|------------------------|-------------|-----------|-----------------|
| Date: | 02/05/2020 | Address while absent: | | Approved | Comments: | On annual Leave |
| Staff member: | Lokiri james jackson DUKU | JBA-IOM-LS-00492 | | Disapproved | | |
| Staff member ID: | JBA-IOM-LS-00492 | JBA-IOM-LS-00492 | | | | |
| Post of Duty: | Juba | | | | | |
| Dept./Div | JBA-IOM-LS-00492 | Staff member's signature | Supervisor's Signature | | | |
| | | | | | | |

I request leave of absence as follows:

| | | | | | |
|---------------------------------|-------------|------------|--|-------------------|--|
| Movement Request | From | To | | No of Days | Certified to be within leave credit |
| On annual Leave | 02/05/2020 | 02/08/2020 | | 3 | Certified special approval has been grant in accordance with § B.v) of General Instruction N° 404.5 |
| Travel Itinerary(If Any) | | | | | Time Keeper's Signature:..... |
| | | | | | |
| Date | From | To | | | |
| 02/06/2020 | Juba | Wau | | | |
| 02/08/2020 | Wau | Juba | | | |
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| | | | | | <p>* Medical certificate has been sent to:</p> <p>The Medical Officer, Headquarters</p> <p>The Chief of Mission</p> <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> |

Juba

Duty Station