

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: NOA/SS10/JUB/0001/DEC/20

Approved

Cancelled

Submitted for approval

Pending submission

Comments: 5 days of Annual Leave

1 copy to be forwarded to HRD.

Address while absent:

GUDELE II

Date:

Staff member:

Post of Duty:

Staff member ID:

12/05/2020

Juba

Lokiri james jackson DUKU

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

agement Unit (IMU)			
I request leave o	of absence as follows:	Certified to be within leave credit	
From	То	No of Days	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
Prepared By: Lokiri iamos iackson DIIVII Database Assistant 12/5/2020 1:58:38 PM		oved/Cancelled By:	* 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.
	From By:	I request leave of absence as follows: From To Appr Appr Stant	I request leave of absence as follows: From To No of Days By: Approved/Cancelled By: