



MR: SS10/JUB/0001/FEB/20

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

|                  |                           |                          |                        |             |           |                 |
|------------------|---------------------------|--------------------------|------------------------|-------------|-----------|-----------------|
| Date:            | 02/04/2020                | 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:**

|                                 |             |            |  |                   |   |
|---------------------------------|-------------|------------|--|-------------------|---|
| <b>Movement Request</b>         | <b>From</b> | <b>To</b>  |  | <b>No of Days</b> | Certified to be within leave credit   |
| On annual Leave                 | 02/04/2020  | 02/04/2020 |  | 0                 | Certified special approval has been grant in accordance with § B.v) of General Instruction N° 404.5 |
| <b>Travel Itinerary(If Any)</b> |             |            |  |                   | Time Keeper's Signature:.....   |
|                                 |             |            |  |                   |   |
| <b>Date</b>                     | <b>From</b> | <b>To</b>  | * Medical certificate has been sent to:  |                   |   |
| 02/04/2020                      | Juba        | Wau        |  |                   |   |
| 02/05/2020                      | Wau         | Juba       |  |                   |   |
|                                 |             |            |  |                   |   |
|                                 |             |            | The Medical Officer, Headquarters  |                   |   |
|                                 |             |            | The Chief of Mission   |                   |   |
|                                 |             |            |  |                   |   |
|                                 |             |            | * 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.  |                   |   |
|                                 |             |            |  |                   |   |

## Juba

Duty Station