LEAVE REQUEST

MR: SS10/JUB/0001/FEB/20

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.

1 copy to be forwarded to HRD.

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

Date:	02/12/2020		Address while at	sent:	Approve	ed	Comments:	Annual Leave			
Staff member:	Lokiri james jackson DUKU		Gudele II Block 5	Gudele II Block 5		Disapproved					
Staff member ID:	aff member ID: JBA-IOM-LS-00492										
Post of Duty:	Juba										
Dept./Div JBA-IOM-LS-00492		Staff member's signature		Supervisor's Signature							
		I request leave o	of absence as follows:								
_eave Request		From	То	No o	of Days	Certified to be within leave credit					
Sick Leave		02/12/2020	02/14/2020		2		Certified special approval has been grant in accordance with § B.v) of General				
			, ,				Instruction N° 404.5				
						Time Keepe	er's Signature:				
						* Medical ce	ertificate has b	peen sent to:			
							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	Medical Officer at Headquarters for any illness or accident.				
						a) in exce	ess of three (3	) consecutive working days			
						c) occurri	ng during ann	7) days non-certified sick leave in any one calendar year nual leave when the staff member desires such a period			
						to be o	harged to sick	k leave instead of annual leave.			
Annual Leave		Lokiri james jackso 02/15/2020	02/20/2020		5	Juba					
	Lokiri james jacksor		1	0		Duty Station					