

## 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/SEP/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.

Date:	09/21/2020	Address while absent:	Approved	Comments:	5 days of Annual Leave
Staff member:	Lokiri james jackson DUKU	GUDELE II	Submitted		
Staff member ID:			Pending		
Post of Duty:	Juba		Cancelled		
Dept./Div	Information Management Unit (IMU)				

No of Days
2
4

Ce	rtified to be within leave credit
	rtified special approval has been grant in accordance with § B.v) of General truction N° 404.5
Tin	ne Keeper's Signature:
* M	ledical certificate has been sent to:
The	e Medical Officer, Headquarters
The	e Chief of Mission
me	( )



09/21/2020