## 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: SS10/JUB/0002/FEB/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:	02/18/2020	Address while absent:		Approved	Comments:	Annual Leave
Staff member:	Lokiri james jackson DUKU	www		Disapproved		
Staff member ID:	JBA-IOM-LS-00492					
Post of Duty:	Juba					
Dept./Div	JBA-IOM-LS-00492	Staff member's signature	Supe	rvisor's Signature		

_eave Request	From	То	No of Days
Annual Leave	02/21/2020	02/21/2020	

Lokiri james jackson DUKU

Duty Station

Lokiri james jackson DUKU

O2/18/2020

Duty Station

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
* 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.
<ul> <li>a) in excess of three (3) consecutive working days</li> <li>b) in excess of seven (7) days non-certified sick leave in any one calendar year</li> </ul>

occurring during annual leave when the staff member desires such a period

to be charged to sick leave instead of annual leave.

Certified to be within leave credit