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:	01/31/2020	Address while absent:	Approved	Comments:	Sick 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				

MR: SS10/JUB/0002/JAN/20

	I request leave o	f absence as follows:		
Movement Request	From	То	No of Days	Certified to be within leave credit
Sick Leave	02/05/2020	02/06/2020	1	Certified special approval has been grant in accordance with § B.v) of General Instruction N° 404.5
	Trave	el Itinerary		Time Keeper's Signature:
Date	From		То	
				* 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.  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.

Lokiri james jackson DUKU	470 mg	Juba
Database Assistant	01/31/2020	Duty Station