

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/DEC/20

Approved

Comments: 5 days of Annual Leave

Approved/Cancelled By:

1 copy to be forwarded to HRD.

Address while absent:

12/05/2020

Prepared By:

Lokiri james jackson DUKU

Date:

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

taff member:	Lokiri james jackson DUKU		GUDELE II	GUDELE II		Sul	ubmitted for a	approval					
taff member ID:	_					Per	ending subm	ission					
ost of Duty:	Juba					Ca	ancelled						
ept./Div	Information Manager	nent Unit (IMU)											
									I				
I request leave of absence as follows:								Certified to be within leave credit					
eave Request		From	То	No of Days		ys		Certified special approval has been grant in accordance with § B.v) of General Instruction N° 404.5					
								Time Keep	per's Signatu	ıre:			
								* Medical	certificate ha	s been sent to:			
								The Medic	cal Officer, H	eadquarters			
								The Chief	of Mission				
								medical certifica Medica a) in exc b) in exc c) occur	ate must be sal Officer at Hocess of three cess of severing during a	mployees, officials at Head sent immediately under cor leadquarters for any illness (3) consecutive working don (7) days non-certified sick annual leave when the staff sick leave instead of annua	nfidential cover to the s or accident. lays k leave in any one cale f member desires such	endar year	
								b) in exc c) occur	cess of seve rring during a	n (7) days non-certified sic annual leave when the staff	k leave in any one f member desires s	cal such	

Database Assistant

12/5/2020 1:58:38 PM