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	Approved		Annual Leave	
Staff member:	Staff member: Lokiri james jackson DUKU		www	Disapprov	Disapproved		
Staff member ID: JBA-IOM-LS-00492							
Post of Duty:	Juba						
Dept./Div JBA-IOM-LS-00492		Staff member's signature	Supervisor's Sig	Supervisor's Signature			
		I request leave o	f absence as follows:			to be within le	
Leave Request From		То	No of Days	Certified special approval has been grant in accordance with § B.v) of Instruction N° 404.5		val has been grant in accordance with § B.v) of General	
Annual Leave		02/21/2020	02/21/2020	0	Time Keeper's Signature:		
					* Medical	l certificate has	s been sent to:
					The Medi	ical Officer, He	eadquarters
					The Chie	f of Mission	
					-		
					* For He medical	eadquarters er	nployees, officials at Headquarters and in the field a
						certificate must be sent immediately under confidential cover to the Medical Officer at Headquarters for any illness or accident.	
					a) in ex	xcess of three	(3) consecutive working days
					b) in excess of seven (7) days non-certified sick leave in any one calendar yea c) occurring during annual leave when the staff member desires such a period to be charged to sick leave instead of annual leave.		

Lokiri iames iackson DUKU	Date	Lokiri james jackson DUKU	Date	
Lokiri james jackson DUKU	02/18/2020	Lokiri james jackson DUKU	02/18/2020	