





## LEAVE REQUEST

**MR: SS10/JUB/0001/FEB/20**

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

Date:	02/12/2020	Address while absent:		Approved	Comments:	Annual Leave
Staff member:	Lokiri james jackson DUKU	Gudele II Block 5		Disapproved		
Staff member ID:	JBA-IOM-LS-00492					
Post of Duty:	Juba					
Dept./Div	JBA-IOM-LS-00492	Staff member's signature		Supervisor's Signature		

**I request leave of absence as follows:**

[illegible]

