



IOM International Organization for Migration
OIM Organisation Internationale pour les Migrations
OIM Organización Internacional para las Migraciones

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/0001/MAR/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:	03/12/2020	Address while absent:	<input type="checkbox"/> Approved	Comments:	5 days of Annual Leave
Staff member:	Lokiri james jackson DUKU	GUDELE II	<input type="checkbox"/> Disapproved		
Staff member ID:					
Post of Duty:					
Dept./Div	Information Management Unit (IMU)				

I request leave of absence as follows:				
Leave Request	From	To		No of Days
Annual Leave	03/12/2020	03/18/2020		6

Certified to be within leave credit
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.
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.



03/12/2020

Lokiri james jackson DUKU



01/01/1900

file:///D:/UploadedSignatures/DefaultSignature.png