



## MOVEMENT REQUEST

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MR: SS10/JUB/0001/JAN/20

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

Date:	01/29/2020	Address while absent:	<input checked="" type="checkbox"/>	Approved	Comments:	Annual Leave
Staff member:	Lokiri james jackson DUKU	JBA-IOM-LS-00492	<input type="checkbox"/>	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		

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

<b>Movement Request</b>	<b>From</b>	<b>To</b>		<b>No of Days</b>	Certified to be within leave credit
Annual Leave	01/29/2020	01/30/2020		1	Certified special approval has been grant in accordance with § B.v) of General Instruction N° 404.5
<b>Travel Itinerary</b>					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.

File No

## Juba

## Database Assistant

01/29/2020

Duty Station