



MR: SS10/JUB/0001/FEB/20

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

| | | | | | | |
|------------------|---------------------------|--------------------------|------------------------|-------------|-----------|-----------------|
| Date: | 02/03/2020 | Address while absent: | | Approved | Comments: | On annual Leave |
| Staff member: | Lokiri james jackson DUKU | JBA-IOM-LS-00492 | | 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:

| | | | | | |
|---------------------------------|-------------|------------|--|-------------------|--|
| Movement Request | From | To | | No of Days | Certified to be within leave credit |
| On annual Leave | 02/03/2020 | 02/03/2020 | | 0 | Certified special approval has been grant in accordance with § B.v) of General Instruction N° 404.5 |
| Travel Itinerary(If Any) | | | | | Time Keeper's Signature:..... |
| Date | From | To | | | |
| 02/03/2020 | Juba | Wau | | | |
| 02/04/2020 | Wau | Juba | | | |
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| | | | | | * Medical certificate has been sent to: |
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| | | | | | The Medical Officer, Headquarters |
| | | | | | The Chief of Mission |
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| | | | | | * 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. |

Juba

Duty Station