



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="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:**

Movement Request	From	To		No of Days
Annual Leave	01/29/2020	01/30/2020		1

## Travel Itinerary

[illegible]

	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.
	<ul style="list-style-type: none"> <li>a) in excess of three (3) consecutive working days</li> <li>b) in excess of seven (7) days non-certified sick leave in any one calendar year</li> <li>c) occurring during annual leave when the staff member desires such a period to be charged to sick leave instead of annual leave.</li> </ul>

**Duty Station**

Juba, South Sudan

