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/0005/FEB/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:	02/18/2020	Address while absent:		Approved	Comments:	Annual Leave
Staff member:	Lokiri james jackson DUKU	ddwwq		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:

Leave Request	From	To		No of Days
Annual Leave	02/18/2020	02/20/2020		2

Lokiri james jackson DUKU

Lokiri james jackson DUKU 02/18/2020

Juba

Duty Station

	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.