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/0003/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:	02/19/2020	Address while absent:	1	Approved	Comments:	Annual Leave		
Staff member:	Lokiri james jackson DUKU	Test		Disapproved				
Staff member ID:	JBA-IOM-LS-00492							
Post of Duty:	Juba							
Dept./Div	Information Management Unit (IMU)							

I request leave of absence as follows:								
Leave Request	From	То	No of Days					
Annual Leave	02/19/2020	02/21/2020	2					
Maternity Leave	02/28/2020	02/28/2020	0					

Се	Certified to be within leave credit				
	rtified special approval has been grant in accordance with § B.v) of General struction N° 404.5				
Tin	ne Keeper's Signature:				
* N	Medical certificate has been sent to:				
Th	e Medical Officer, Headquarters				
The	e Chief of Mission				
me	in excess of seven (7) days non-certified sick leave in any one calendar year				

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Lokiri james jackson DUKU

Database Assistant

Signature URL

Steller makasi KAVUWA
Information Management Coordinator

02/19/2020

Lokiri james jackson DUKU

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