

## 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.

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:	12/05/2020	Address while absent:	<b>V</b>	Approved	Comments:	5 days of Annual Leave
Staff member:	Lokiri james jackson DUKU	GUDELE II		Submitted for approval		
Staff member ID:				Pending submission		
Post of Duty:	Juba			Cancelled		
Dept./Div	Information Management Unit (IMU)					

I request leave of absence as follows:								
Leave Request	From	То		No of Days				

**Prepared By:** 

FUD MO

Lokiri james jackson DUKU Database Assistant 12/5/2020 1:58:38 PM Approved By:

Steller makasi KAVUWA
Information Management Coordinator

12/6/2020 12:35:30 AM

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:.....

MR: NOA/SS10/JUB/0001/DEC/20

\* 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
- occurring during annual leave when the staff member desires such a period to be charged to sick leave instead of annual leave.