Giorgio, ITS,8-Aug-99

Leave Request 2000 new .doc



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:	09/21/2020	Address while absent:		Submitted	Comments:	5 days of Annual Leave
Staff member:	Lokiri james jackson DUKU	GUDELE II	1	Pending		
Staff member ID:						
Post of Duty:	Juba					
Dept./Div	Information Management Unit (IMU)					

I request leave of absence as follows:							
From	То	No of Days					
09/21/2020	09/25/2020	4					
09/25/2020	09/28/2020	3					
	From 09/21/2020	From To 09/21/2020 09/25/2020					

Ce	ertified to be within leave credit
	ertified special approval has been grant in accordance with § B.v) of General struction N° 404.5
Tir	me Keeper's Signature:
* N	Medical certificate has been sent to:
Th	ne Medical Officer, Headquarters
Th	ne Chief of Mission
	For Headquarters employees, officials at Headquarters and in the field a edical certificate must be sent immediately under confidential cover to the Medical Officer at Headquarters for any illness or accident.
a) b) c)	in excess of seven (7) days non-certified sick leave in any one calendar year

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

09/21/2020