



IOM International Organization for Migration  
OIM Organisation Internationale pour les Migrations  
OIM Organización Internacional para las Migraciones

# MOVEMENT 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/0001/JAN/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:            | 01/29/2020                | Address while absent:    | <input 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 | Certified to be within leave credit  |
|------------------|------------|------------|------------|--|
| Annual Leave     | 01/29/2020 | 01/30/2020 | 1          | Certified special approval has been grant in accordance with § B.v) of General Instruction N° 404.5  |
| Travel Itinerary |            |            |            | Time Keeper's Signature:.....  |
| Date             | From       | To         |            |  |
| 01/29/2020       | Juba       | Wau        |            | * Medical certificate has been sent to:  |
| 01/31/2020       | Wau        | Juba       |            |  |
|                  |            |            |            | 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.  |
|                  |            |            |            |  |

Lokiri james jackson DUKU

86619

Duty Station

Juba

