



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.