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: | | 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 | JBA-IOM-LS-00492 | Staff member's signature | Super | rvisor's Signature | | |
| | 1 | | | 1 | | |

| 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 | | |
| | | | | | |
| | ! | | ! | | |
| | | | ! | | |
| | | | | | |
| | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | ! | | |
| | ! | | ! | | |
| | | | ! | | |
| | | | | | |
| | | | | | |
| L | | | | | |

| Се | rtified 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 |

| Lokiri james jackson DUKU | Date | Lokiri james jackson DUKU | Date | |
|---------------------------|------------|---------------------------|------------|--|
| Lokiri james jackson DUKU | 02/19/2020 | Lokiri james jackson DUKU | 02/19/2020 | |