

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/0001/MAR/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:	03/10/2020	Address while absent:	Approved	Comments:	5 days of Annual Leave
Staff member:	Lokiri james jackson DUKU	annual leave and Paternity	Disapproved		
Staff member ID:	JBA-IOM-LS-00492				
Post of Duty:	Juba				
Dept./Div	Information Management Unit (IMU)				

I request leave of absence as follows:								
Leave Request	From	То		No of Days				
Annual Leave	03/11/2020	03/14/2020		3				
Annual Leave	03/16/2020	03/25/2020		9				

rtified to be within leave credit
rtified special approval has been grant in accordance with § B.v) of General truction N° 404.5
ne Keeper's Signature:
ledical certificate has been sent to:
e Medical Officer, Headquarters
e Chief of Mission
For Headquarters employees, officials at Headquarters and in the field a dical certificate must be sent immediately under confidential cover to the Medical Officer at Headquarters for any illness or accident.
in excess of three (3) consecutive working days 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.



03/10/2020

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