

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/0004/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:	02/18/2020	Address while absent:	Approved	Comments:	5 days of Annual Leave
Staff member:	Lokiri james jackson DUKU	sadsad	Disapproved		
Staff member ID:	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:						
Leave Request	From	То		No of Days		
Annual Leave	02/19/2020	02/20/2020		1		

Lokiri james jackson DUKU		Juba
okiri james jackson DUKU	02/18/2020	Duty Station

001	and to be within leave ordan
	tified special approval has been grant in accordance with § B.v) of General ruction N° 404.5
Tim	e Keeper's Signature:
* M	edical certificate has been sent to:
The	Medical Officer, Headquarters
The	Chief of Mission
med	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.
a) b) c)	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.

Certified to be within leave credit