



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
Annual Leave	01/29/2020	01/30/2020	1

Travel Itinerary		
Date	From	To
01/29/2020	Juba	Wau
01/31/2020	Wau	Juba

Certified to be within leave credit
Certified special approval has been grant in accordance with § B.v) of General Instruction N° 404.5
Time Keeper's Signature:.....
* Medical certificate has been sent to:
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 
Database Assistant

Duty Station
Juba, South Sudan

