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.

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:	Annual Leave
Staff member:	Lokiri james jackson DUKU		www			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				
							Contified t	a ha within la	ave eredit
I request leave of absence as follows:						Certified to be within leave credit			
Leave Request	Fr	om	То	No o	of Day	s		special approv n N° 404.5	ral has been grant in accordance with § B.v) of General

request leave of absence as follows.						
Leave Request Annual Leave		From	То	No of Days		
		02/21/2020	02/21/2020		0	

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.
<ul> <li>a) in excess of three (3) consecutive working days</li> <li>b) in excess of seven (7) days non-certified sick leave in any one calendar year</li> <li>c) occurring during annual leave when the staff member desires such a period to be charged to sick leave instead of annual leave.</li> </ul>

MR: SS10/JUB/0002/FEB/20

Lokiri james jackson DUKU	02/18/2020	Juba
Lokiri james jackson DUKU	Date	<b>Duty Station</b>