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/0002/FEB/20

1 copy to be forwarded to HRD.

Date

Lokiri james jackson DUKU

For Sick leave with certificate please prepare in triplicate and send all 3 to Medical Services/OHU.

Date:	02/18/2020		Address while absent:		Appro	ved		Comments:	Annual Leave	
Staff member:	Lokiri james jackson	DUKU	WWW		Disap	oproved	ved			
Staff member ID:	JBA-IOM-LS-00492									
Post of Duty:	Juba									
Dept./Div	v JBA-IOM-LS-00492		Staff member's signature	S	Supervisor's Signature					
		L request leave o	of absence as follows:				Certified to	be within lea	ave credit	
Leave Request From			То				Certified special approval has been grant in accordance with § B.v) of General Instruction N° 404.5			
Annual Leave		02/21/2020	02/21/2020	0)	-	Time Keep	er's Signatur	e:	
						,	* Medical c	ertificate has	s been sent to:	
							The Medica	al Officer, He	eadquarters	
							The Chief of			
							medical certifica Medical a) in exc b) in exc c) occurr	te must be so Officer at He cess of three cess of seven ring during a	enployees, officials at Headquarters and in the field a ent immediately under confidential cover to the eadquarters for any illness or accident. (3) consecutive working days (7) days non-certified sick leave in any one calendar year mual leave when the staff member desires such a period ick leave instead of annual leave.	
	Lokiri james j	jackson DUKU	02/18/2020				Lokiri jar	mes jackson DUk	cu 02/18/2020	

Lokiri james jackson DUKU

Date