

LEAVE REQUEST

MR: NOA/SS10/JUB/0001/DEC/20

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:	12/05/2020		Address while	Address while absent:			Approved			Comments:	5 days of Annual Leave
Staff member:	Lokiri james jackson DUKU		GUDELE II	GUDELE II			Submitted for approval		oval		
Staff member ID:					V	Pending submission					
Post of Duty:	Juba					-1-1	Cancelled				
Dept./Div	Information Manager	ment Unit (IMU)									
I request leave of absence as follows:								Certified to be within leave credit			
Leave Request		From	То		No of D					I special approval has been grant in accordance with § B.v) of General on N° 404.5	
									Time Kee	per's Signatur	e:
									* Medical	certificate has	been sent to:
									The Medi	cal Officer, He	adquarters
									The Chief of Mission		
Prepared By:			Approved/Cancelled By:					* 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.			
Lokiri james jackson DUKU									a) in ex	cess of three	(3) consecutive working days (7) days non-certified sick leave in any one calendar year
	Database Assistan 12/5/2020 1:58:38 P								c) occu	rring during ar	nnual leave when the staff member desires such a period ck leave instead of annual leave.