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/0003/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:	02/19/2020	Address while absent:	1	Approved	Comments:	Annual Leave			
Staff member:	Lokiri james jackson DUKU	Test		Disapproved					
Staff member ID:	JBA-IOM-LS-00492								
Post of Duty:	Juba								
Dept./Div	Information Management Unit (IMU)								

I request leave of absence as follows:									
Leave Request	From	То	No of Days						
Annual Leave	02/19/2020	02/21/2020	2						
Maternity Leave	02/28/2020	02/28/2020	0						

C	ertified to be within leave credit
	ertified special approval has been grant in accordance with § B.v) of General struction N° 404.5
Ti	me Keeper's Signature:
* [Medical certificate has been sent to:
Th	ne Medical Officer, Headquarters
Th	ne Chief of Mission
* m	For Headquarters employees, officials at Headquarters and in the field a edical certificate must be sent immediately under confidential cover to the Medical Officer at Headquarters for any illness or accident.) in excess of three (3) consecutive working days
) in excess of seven (7) days non-certified sick leave in any one calendar year



Lokiri james jackson DUKU

Database Assistant 02/19/2020

Signature URL ~/SignatureURLs/86619.jpg

Lokiri james jackson DUKU

Steller makasi KAVUWA

Information Management Coordinator

02/19/2020