

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: NOA/SS10/JUB/0001/AUG/21

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:	08/10/2021	Address while absent:		Approved	Comments:	5 days of Annual Leave
Staff member:	Lokiri james jackson DUKU	Gudele 1	\checkmark	Submitted for approval		
Staff member ID:	JBA-IOM-LS-00492			Pending submission		
Post of Duty:	Juba			Cancelled		
Dept./Div	Information Management Unit (IMU)					

I request leave of absence as follows:						
Leave Request	From	То	No of Days			
Annual Leave	08/12/2021	08/21/2021	9			

Approved/Cancelled By:	ved/Cancelled By:
------------------------	-------------------

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.

Certified to be within leave credit

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

Prepared By:

Lokiri james jackson DUKU **Database Assistant** 8/10/2021 10:29:19 PM