



IOM International Organization for Migration  
OIM Organisation Internationale pour les Migrations  
OIM Organización Internacional para las Migraciones

# 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:            | 02/12/2020                | Address while absent:    | <input type="checkbox"/> | Approved    | Comments: | Annual Leave |
| Staff member:    | Lokiri james jackson DUKU | Gudele II Block 5        | <input type="checkbox"/> | 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   |             |           |              |

| I request leave of absence as follows: |            |            |  |            |
|----------------------------------------|------------|------------|--|------------|
| Leave Request                          | From       | To         |  | No of Days |
| Sick Leave                             | 02/12/2020 | 02/14/2020 |  | 2          |
| Annual Leave                           | 02/15/2020 | 02/20/2020 |  | 5          |

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

Lokiri james jackson DUKU

Juba

Lokiri james jackson DUKU02/12/2020

Duty Station