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:	02/18/2020	Address while absent:		Approved	Comments:	Annual Leave
Staff member:	Lokiri james jackson DUKU	www		Disapproved		
Staff member ID:	JBA-IOM-LS-00492					
Post of Duty:	Juba					
Dept./Div	JBA-IOM-LS-00492	Staff member's signature	Supe	rvisor's Signature		

I request leave of absence as follows:						
	From	То		No of Days		
	02/21/2020	02/21/2020		0		
		From	From To	From To		

	tified special approval has been grant in accordance with § B.v) of General ruction N° 404.5
Tim	e Keeper's Signature:
* M	edical certificate has been sent to:
The	• Medical Officer, Headquarters
The	Chief of Mission
med	For Headquarters employees, officials at Headquarters and in the field a dical certificate must be sent immediately under confidential cover to the Medical Officer at Headquarters for any illness or accident.
a) b) c)	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.

Lokiri james jackson DUKU 02/18/2020

Lokiri james jackson DUKU Date

Lokiri james jackson DUKU

Lokiri james jackson DUKU

Certified to be within leave credit

02/18/2020

Date

MR: SS10/JUB/0002/FEB/20