



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:**

1 copy to be forwarded to HRD.

For Sick leave with certificate please prepare in triplicate and send all 3 to Medical Services/OHU.

I request leave of absence as follows:				
Leave Request	From	To		No of Days

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.