

**UNITED NATIONS DEVELOPMENT PROGRAMME
KAMPALA, UGANDA**

UNV LEAVE REQUEST FORM

NAME:		ROSTER NUMBER:			
HOST ORGANISATION:		DUTY STATION:			
TYPE OF LEAVE	DATES		NUMBER OF LEAVE DAYS		
	FROM	TO	ACCRUED	TAKEN	BALANCE
ANNUAL LEAVE					
			BY DATE:		
SICK LEAVE					
			BY DATE:		
MATERNITY					
			BY DATE:		
UNCERTIFIED					
			BY DATE:		
REMARKS					
SIGNATURE				DATE	
CERTIFIED BY UNV COUNTRY OPERATIONS ASSISTANT					
NAME		SIGNATURE		DATE	
ENDORSED BY IMMEDIATE SUPERVISOR					
NAME		SIGNATURE		DATE	
APPROVED BY UNV PROGRAMME OFFICER					
NAME		SIGNATURE		DATE	
NOTE:					
ALL ANNUAL LEAVE/OFFICIAL JOURNEYS MUST BE APPROVED & AUTHORISED BY BOTH IMMEDIATE SUPERVISOR AND THE UNV COUNTRY OFFICE					
i) Annual leave is accrued at 2.5 days ¹ per month, please ensure you have adequate days to cover the period required, and;					
ii) A medical certificate must be attached if more than three (03) consecutive working days of sick leave are taken.					

¹ For International UNV Interns annual leave is accumulated at 2.0 days per month