



དཔལ་ལྷན་འབྲུག་གཞུང་།
 ཐིམ་ཕུ་རྫོང་ཁག་བདག་སྐྱོང་།
ROYAL GOVERNMENT OF BHUTAN
THIMPHU DZONGKHAG ADMINISTRATION
 "Reaching the unreachable"



LEAVE REQUEST AND APPROVAL FORM

To : _____
 From : _____

Date: _____

Kindly grant me leave as follows:

Sl. No.	Type of Leave	Select to avail	Duration			Remarks
			Start date	End date	Total	
1	Earned leave					
2	Annual leave					
3	Casual leave					
4	Maternity leave					Attach evidence
5	Paternity leave					Attach evidence
6	Extraordinary leave					Execute undertaking
7	Bereavement leave					Attach evidence
8	Medical leave					Attach evidence
9	Medical escort leave					Attach evidence

*Submit reasons:.....

Signature of Applicants

*Until today, the(date of.....(month),.....(year), the applicant has days of Earned leave, and.....days of Casual Leave remaining.

Signature
HR Officer

Approved

Not Approved

Signature of Supervisor/Manager

Approved by: HRC Meeting No.....dated.....for(i) Medical Leave beyond one month, (ii) Medical Escort Leave and (iii) EOL

Signature of Head of Agency