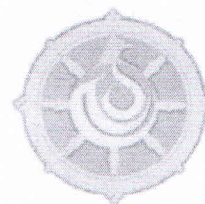




དཔལ་ལྷན་འབྲུག་གཞུང་།  
 ཐིམ་ཕུ་རྫོང་ཁག་པོ་དཔུང་།  
 ROYAL GOVERNMENT OF BHUTAN  
 THIMPHU DZONGKHAG ADMINISTRATION  
 "Reaching the unreached"



Date.....

# LEAVE REQUEST AND APPROVAL

To: .....

From: .....Position Title: .....

Sl.No	Type of Leave	Select to Avail	Duration			Remarks
			Start Date	End Date	Total	
1	Annual Leave					
2	Bereavement Leave					
3	Maternity Leave					Attached evidence
4	Paternity Leave					Attached evidence
5	Medical Leave					Attached evidence
6	Extraordinary Leave					
7	Escort Leave					Attached evidence
8	Station Leave					

Submit reasons:

.....

Signature of Application

Signature of Supervisor

\*Until today, the .....(date).....(Month).....(Year).....  
has .....days of earned leave, and .....days of casual leave remaining.

☐

Recommended

☐

Not Recommended

Signature HR Office

Approved by:

Signature of Head of Agency

Approved by: HR committee meeting no.....dated .....for (i) medical leave beyond one month and (ii) EOL