



དཔལ་ལྷན་འབྲུག་གཞུང་།
རྫོང་ཁག་བདག་སྐྱོང་།བསམ་གྲུབ་རྫོང་ས་མཁའ་ལའ་།
ROYAL GOVERNMENT OF BHUTAN
DZONGKHAG ADMINISTRATION
SAMDRUPJONGKHAR

LEAVE REQUEST AND APPROVAL FORM

Date:

To:

From: (Name):..... (PT)..... (Sector).....

Kindly grant me leave as follows:

SI #	Type of Leave	Select to avail	Duration			Remarks
			Start Date	End Date	Total (Days)	
1	Annual Leave					
2	Casual Leave					
3	Maternity Leave					Attached evidence
4	Paternity Leave					Attached evidence
5	Extraordinary Leave					Execute undertaking
6	Bereavement Leave					Attached evidence
7	Medical Leave					Attached evidence
8	Medical Escort Leave					Attached evidence

Reasons for availing leave:.....:

.....
(Signature of applicant)

During my absence (Name):(Position title).....will officiate on my behalf till I resume my normal duty.

.....
(Signature of Officiating)

Until today, the(date).....(month),.....(year), the applicant has..... days of Annual leave, Earned leave, anddays of Casual leave remaining.

Signature of HR Officer

.....
Approved
Signature of Supervisor/Manager

Not Approved

Approved by: HR Committee Meeting No..... datedfor (i) medical leave beyond one month, (ii) medical escort leave and (iii) Extraordinary leave (EOL).

.....
Signature of HR Officer