



ཇོ་མོ་གླང་མ་བདག་སྐྱོང་ཆོས་ཉལ་ཇོ་མོ་གླང་མ་བདག་སྐྱོང་མཁའ་ཁྱེད་པོ་

ROYAL GOVERNMENT OF BHUTAN
DZONGKHAG ADMINISTRATION
Chhoetse-dzong: Trongsa

LEAVE REQUEST AND APPROVAL FORM

Date:

To :

From:

Kindly grant me leave as follows:

| Sl. No | Type of Leave | Select to avail | Duration | | | Remarks |
|--------|----------------------|-----------------|------------|----------|-------|---------------------------|
| | | | Start Date | End Date | Total | |
| 1 | Annual Leave | | | | | |
| 2 | Casual Leave | | | | | |
| 3 | Maternity Leave | | | | | Attach evidence |
| 4 | Paternity Leave | | | | | Attach evidence |
| 5 | Extraordinary Leave | | | | | Execute Legal Undertaking |
| 6 | Bereavement Leave | | | | | Attach evidence |
| 7 | Medical Leave | | | | | Attach evidence |
| 8 | Medical Escort Leave | | | | | Attach evidence |

* Submit reasons:

.....

Signature of Applicant

Until today, the (date) of..... (month), (year), the applicant has..... days of annual leave remaining.

Signature
HR Officer

Approved
Signature of Supervisor/Manager

Not Approved

Approved by: HR Committee meeting No. dated for

(i) medical leave beyond one month, (ii) medical escort leave and (iii) EOL.

Signature of HR Officer