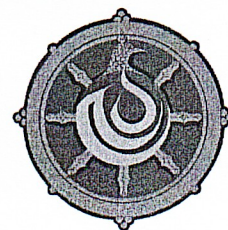




དཔལ་ལྷན་འབྲུག་གཞུང་།
དགའ་ས་ཚྗོང་ཁག།
Royal Government of Bhutan
Gasa Dzongkhag Administration



Dated:.....

LEAVE REQUEST AND APPROVAL FORM

To :.....

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

Kindly grant me leave as follows:

Sl.#	Type of Leave	Select to Avail	Duration			Remarks
			Start Date	End Date	Total	
1	Annual Leave					
2	Earned Leave					
3	Casual leave(Only for teachers)					
4	Bereavement Leave					
5	Maternity Leave					Attach evidence
6	Paternity leave					Attach evidence
7	Medical leave					Attach evidence
8	Extraordinary Leave					
9	Escort Leave					Attach evidence
10	Station Leave					

*Submit reasons:

.....
.....

Signature of Applicant

Signature of Supervisor

*Until today, the(date).....(Month),.....(Year), the applicant hasdays of earned / annual leave, anddays of casual leave remaining.

☐

Recommended

☐

not recommended

Signature HR Officer

Approved by:

Signature of Head of Agency

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