



དཔལ་ལྷན་འབྲུག་གཞུང་།  
 དགའ་ས་རྫོང་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 has .....days of earned / annual leave, and .....days 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.