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དར་དཀར་ན་ཇོང་ཁག་བདག་སྐྱོང་།
ROYAL GOVERNMENT OF BHUTAN
Dzongkhag Administration, Dagana

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 Application

.....
Recommendation of Sector Head

*Until today, the (date) of (month) (year), the application has days of Annual leave, or days of casual leave remaining for the Fiscal Year.....



Recommended



Not Recommended

.....

Signature
Human Resource Officer

Approved by:

Dasho Dzongdag/Dzongrab

Approved by: HR Committee meeting No..... dated..... for (i) Medical leave beyond one month, (ii) medical escort leave and (iii) EOL.

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Signature of HR Officer