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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.

☐ 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.

.....

Signature of HR Officer