



དབལ་ཕྱན་འབྲུག་གཞི་རྒྱུད།
ROYAL GOVERNMENT OF BHUTAN
LHUMENTSE DZONGKHAG ADMINISTRATION
 རྫོང་ཁག་བདག་སྐྱོང་། ལྷུན་མེ ལྷུན་གྲུབ་རིན་ཆེན་ཅེའི་རྫོང་།



HUMAN RESOURCE SERVICES

LEAVE REQUEST AND APPROVAL FORM

To : _____

From : _____

Designation : _____

Subject : Application for Leave

Sir/Madam,

I would be grateful if the following leave may be granted:

Type of Leave	Duration		No. of Days	Purpose	Evidence
	From	To			
Casual Leave					
Annual Leave					
Maternity Leave					Attach evidence
Paternity Leave					Attach evidence
Extraordinary leave					Execute Undertaking
Bereavement Leave					Attach evidence
Medical Leave					Attach evidence
Medical Escort Leave					Attach evidence

During my leave of absence Mr./Mrs. _____ will be responsible to carry out my duties. My contact address during the leave is:

Address: _____ **Contact No:** _____

Date: _____

Signature of applicant

Personal records have been checked and the applicant has _____ days of Casual Leave and _____ Annual Leave remaining.

Date: _____

Checked by

Admin. Asst

Date: _____

Recommended by:

Concerned Sector Head

Date: _____ **Approved/Not approved by**

HR Officer

Cc:

1. Dasho Dzongdag, LDA for kind information.
2. Dasho Dzongrab, LDA for kind information