



དབལ་ལྷན་འབྲུག་གཞུང་།
ROYAL GOVERNMENT OF BHUTAN
LHUE TSE DZONGKHAG ADMINISTRATION

ཁྲིའུ་ལག་བདག་ཁྱེད་ཀྱི་ ལྷན་ཅི། ལྷན་གྲུབ་རིན་ཆེན་ཅིའི་ཁྲིའུ་།

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					
Earned 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/Earned Leave remaining.

Date: _____ **Checked by**

HR. Officer/Admin. Asst

Date: _____ **Recommended by:**

Concerned Sector Head

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

Sr. Dzongrab

Cc:

1. Dasho Dzongdag, LDA for kind information.