



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



ཚོང་ཁག་བདག་སྐྱོང་། ལུན་ཅེ། ལུན་གྲུབ་རིན་ཆེན་ཅེའི་ཚོང་།
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.