

DZONGKHAG ADMINISTRATION TRONGSA

LEAVE REQUEST AND APPROVAL FORM

To :

Date:

Kindly grant me leave as follows:

Sl. No	Type of Leave	Select To Avail (√)	Duration			Remarks
			Start Date	End date	total	
1	Earned Leave	<input type="checkbox"/>				
2	Casual Leave	<input type="checkbox"/>				
3	Maternity Leave	<input type="checkbox"/>	+			Attach evidence
4	Paternity Leave	<input type="checkbox"/>				Attach evidence
5	Medical Leave	<input type="checkbox"/>				Attach evidence
6	Extraordinary Leave	<input type="checkbox"/>				Execute Legal Undertaking
7	Bereavement Leave	<input type="checkbox"/>				

*** Submit reasons:**

.....

.....

From:

* Name of Applicant :

* Designation :

* Sector :

* Cont. No :

Signature of Applicant

* Until today, the(date) of (month), (Year), the applicant has days of earned leave, and days of casual leave remaining.

☐ Recommended☐ Not Recommended

Signature
HR Officer

Approved by:

Signature of Supervisor/ Manager

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

Signature of HR Officer