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DZONGKHAG ADMINISTRATION ZHEMGANG

LEAVE REQUEST AND APPROVAL FORM

Date:

To:

From:

Name:.....EID/CID No.....

Position Title:.....

Working Agency

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	Extra Ordinary Leave					Execute Legal undertaking
6	Bereavement Leave					Attach evidence
7	Medical leave					Attach evidence
8	Medical Escort leave					Attach evidence
9	Leave Encashment					Basic pay Nu.
10	Out of station leave					

* Submit reasons:

Signature of applicant

Recommendation of the Supervisor

* **Until** Today, the (Date) of (Month) (Year), the applicant hasDay of Annual leave, andDays of casual leaves remaining.

☐ **Recommended**

☐ **Not Recommended**

**Signature
HRO**

Approved By:

Signature of Manager

Approved by: HR Committee meeting no. Date for (I) medical Leave beyond one month and (ii) EOL.

Signature of HR Officer.