



བསྐྱོན་གྱིས་ལྷན་ཁག། མི་སྤོབས་ལས་ཚན།

HUMAN RESOURCE SERVICES
MINISTRY OF ECONOMIC AFFAIRS
Thimphu



Leave Application Form

Employee Name			
Department/Division			
Name of Supervisor			
Type of Leave Requested (Please choose the relevant reason)			
1. Casual Leave		<input type="checkbox"/>	
2. Earned Leave		<input type="checkbox"/>	
3. Maternity / Paternity Leave		<input type="checkbox"/>	
4. Medical Leave		<input type="checkbox"/>	
5. Bereavement Leave		<input type="checkbox"/>	
6. Extra Ordinary Leave(EOL)		<input type="checkbox"/>	
<i>Note: Sl.No. 3 to 6 should be supported by necessary documents.</i>			
Leave Applied	From : (d/m/y) _____	To : (d/m/y) _____	
Reasons:			

Employee's Signature		Date :	
Recommendation of Department/Division Head			
<input type="checkbox"/> Approved			
<input type="checkbox"/> Rejected			
Head of the Dept. /Division signature		(Official Seal)	Date:

MoEA/SECT(HRS-09)/		Date:	
Recommendation of HRD			
Certified that the employee has _____ day(s) _____ Leave balance as on _____ / _____ / _____.			
Sanction of _____ Leave with effect from _____ / _____ / _____ to _____ / _____ / _____ for _____ days.			
(Sanctioning Authority)		(Official Seal)	

-The employee must seek approval for leave, 2 days prior to your first day of absence

cc: Concerned Head of the Department/Division/Section.

cc: Person Concern with a copy in Personal File.