



དཔལ་ལྷན་འབྲུག་གཞུང་།
བསམ་ཆེ་རྫོང་ཁག།



DZONGKHAG ADMINISTRATION, SAMTSE

LEAVE FORM

Date:

To :

From :

Kindly grant me leave as follows:

Sl. No.	Type of Leave	Select to Avail (√)	Duration			Remarks
			Start Date	End Date	Total	
1	Earned Leave					*
2	Casual Leave					*
3	Maternity Leave					Attach evidence
4	Paternity Leave					Attach evidence
5	Medical Leave					Attach evidence
6	Extraordinary Leave					Execute Legal Undertaking
7	Bereavement Leave					

* Submit reasons:
.....

Name of the Officiating:

Signature of Applicant

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

Signature of HR Officer

☐

Approved

☐

Not Approved

Signature of Supervisor

Sanctioning Authority

Note: 1. Submission of application for leave by any civil servant does not imply that the leave is approved till a written order is passed to that effect by the competent authority
2. Employee must seek approval for leave, 2 days prior to your first day of absence.