



དཔལ་ལྷན་འབྲུག་གཞི་རྒྱུ་

ཐོང་ཁག་བདག་སྐྱོང་བསམ་ཆེ

DZONGKHAG ADMINISTRATION, SAMTSE

"A prosperous community living in harmony with diverse culture and safe environment"



SDA/HRS-10/2023-2024/

LEAVE REQUEST AND APPROVAL FORM

Date:.....

To:.....

From:.....

Kindly grant me leave as follows:

Sl.No.	Type of Leave	Select to avail	Duration		Total	Remarks
			Start Date	End Date		
1	Annual Leave					
2	Casual Leave					
3	Maternity Leave					
4	Paternity Leave					
5	Extraordinary Leave					
6	Bereavement Leave					
7	Medical Leave					
8	Medical Escort Leave					

*Submit reasons:

.....

.....

Signature of Applicant

Until today, the(date) of(month).....(year), the applicant has.....days of earned leave, anddays of annual leave remaining.

.....

Signature of HR Officer

.....
Approved, Signature of Supervisor/Manager

.....
Not Approved

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

.....

Signature of HR Officer

Dzongkhag Administration, Post Box No. 301, Dasho Dzongdag: 05-365308, Dasho Dzongrab: 05-365304