

ROYAL GOVERNMENT OF BHUTAN
Technical Training Institute Samthang
LEAVE REQUEST AND APPROVAL FORM

Date:

To :

From :

Kindly grant me leave as follows:

Sl. No	Type of Leave	Select to avail (v)	Duration			Remarks
			Start Date	End Date	Total	
1	Annual Leave (21 days only)					
2	Casual Leave					
3	Maternity Leave					Attach evidence
4	Paternity Leave					Attach evidence
5	Extraordinary Leave					Execute Undertaking
6	Bereavement Leave					Attach evidence
7	Medical Leave					Attach evidence
8	Medical Escort Leave					Attach evidence

* Submit reasons:

.....

Signature of Applicants

I hereby confirm that substitution arrangement with Mr/Ms..... shall be made for classes/Workshop practical during his/her leave of absence from duty. I recommend leave as applied for subjected to his/her leave in credit.	* Until today, the, the applicant has..... days Annual Leave, and days of Casual Leave remaining for FY 2024-2025	Approved / NOT Approved
Head of Department	ADM Asstt/HR Officer	Supervisor/Manager

Approved by: HRC Meeting No dated..... for
(i) Medical Leave beyond one month, (ii) Medical Escort Leave and (ii) EOL.

Signature of Supervisor/Manager/Signature of HR Officer