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ROYAL GOVERNMENT OF BHUTAN, MINISTRY OF HEALTH
THIMPHU: BHUTAN – 11001



Leave Request Form

Date: / /

Name:	Designation:
EID/CID:	Division and Department:

Type of Leave Requested: (Please tick the appropriate box)

Earned Leave: Maternity Leave: Paternity Leave: Annual Leave: Medical Leave: Medical Escort Leave: Extraordinary Leave: Bereavement Leave: Casual Leave (**Only for Probationers**): Others: _____.

Leave from: _____ **to** _____ **Total Days/Months:** _____.

Leave Balance to be verified by HRD.

The Employee has a Leave Balance of (Earned Leave: Annual Leave: Casual Leave (Only for Probationers): Others: _____ Days as of (Date)_____(Month)_____(Year)_____.

Verified by Focal HR Assistant.
(Name & Signature of HR Assistant)

Verified by HR Officer.
(Name & Signature of HR officer)

Reason for Requested leave: (Attached additional sheet/leave application if required).

Signature of Employee

Supervisor Approval: Approved: Rejected:

(Signature of Manager)

Name of Supervisor:

Division:

Department:

Note:

1. Maternity, Paternity, Medical Leave and Bereavement Leave attach evidence (Birth Certificate/Medical Certificate, Death Certificate) .
2. EOL Execute Legal Undertaking with respective Departments and attach with leave form.
3. Medical Escort Leave (Only for Direct Dependent attach Patient Referral Order).

Approved by: HR Committee meeting no. dated.....for (i) medical leave beyond one month, (ii) EOL (iii) Medical Escort Leave.