



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་ལྷན་ཁག། འབྲུག་ ཐིམ་ཕུ།
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: <input type="checkbox"/> Maternity Leave: <input type="checkbox"/> Paternity Leave: <input type="checkbox"/> Annual Leave: <input type="checkbox"/> Medical Leave: <input type="checkbox"/> Medical Escort Leave: <input type="checkbox"/> Extraordinary Leave: <input type="checkbox"/> Bereavement Leave: <input type="checkbox"/> Casual Leave (Only for Probationers): <input type="checkbox"/> Others: <input type="checkbox"/> _____	
Leave from: _____ to _____ Total Days/Months: _____.	
Leave Balance to be verified by HRD. The Employee has a Leave Balance of (Earned Leave: <input type="checkbox"/> Annual Leave: <input type="checkbox"/> Casual Leave (Only for Probationers): <input type="checkbox"/> Others: <input type="checkbox"/>) _____ 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	Name and Signature of Replacement
Supervisor Approval: Approved: <input type="checkbox"/> Rejected: <input type="checkbox"/> <div style="text-align: center;">(Signature of Manager)</div>	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.	