



དཔལ་ལྷན་འབྲུག་གཞུང་།

ཚོང་ཁག་བདག་སྐྱོང་བསམ་ཚུལ།

**DZONGKHAG ADMINISTRATION, SAMTSE**

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



SDA/HRS-08/2024-2025/

**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, and .....days 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**