

INSTITUTE FOR ZORIG CHUSUM, THIMPHU  
LEAVE REQUEST AND APPROVAL FORM

1. Name of Applicant:.....
2. Duration of leave required period:.....
3. Nature of leave: (Tick type of leave applied for)
  - a. **CASUAL**
  - b. **EARNED**
  - c. **EOL**
  - d. **MEDICAL**
  - e. **PATERNITY/MATERNITY**
  - f. **BEREAVEMENT**

Contact address with phone # during leave period.

**Date:**.....

**Signature of Applicant**

**FOR USE BY THE IMMEDIATE SUPERVISOR**

I recommend leave as applied for subject to his/her leave in credit. His/her responsibilities will be substitute by Mr/Ms..... during his/her absence.

**Date:**.....

**Signature**

**Supervisor/ HODFOR**

**USE BY HR/ADM SECTION**

1. The applicant has .....days of CL in credit as of .....
2. The applicant has.....days of EL in credit as of.....
3. The applicant has so far availed.....days of EOL during his/her service tenure.
4. Medical leave: Medical certificate/documents required for submission along with the joining report on resuming duty.
5. Paternity/maternity leave: Medical certificate/documents required for submission along with the joining report on resuming duty.

**Date:** .....

**HR/ADMIN. ASSTT**

**APPROVED/NOT APPROVED**

**PRINCIPAL**

INSTITUTE FOR ZORIG CHUSUM, THIMPHU  
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Date:

To: .....

From : .....

Kindly grant me leave as follows:

Sl. No	Type of Leave	Select to Avail √	Duration			Remarks
			Start Date	End Date	Total	
1	Earned Leave					
2	Casual Leave					
3	Maternity Leave					Attach evidence
4	Paternity Leave					Attach evidence
5	Medical Leave					Attach evidence
6	Extraordinary Leave					Execute Legal Undertaking
7	Bereavement Leave					

\*Submit reasons:

.....  
.....

**Signature of Applicant**

\*Until today, the..... (date) of..... (month), ..... (year), the applicant has ..... days of earned, and..... days of casual leave remaining.

Recommended

Not Recommended

**Signature**  
**ADM / Trg. Coordinator**

Approved by:

**Signature of Supervisor/ Manager**

Further recommendation if necessary: