



ནང་པའི་གསོ་བ་རིག་པའི་སློབ་ཚོགས།

གཞི་རྒྱུ་པོ་གསོ་རིག་གཙུག་ལག་སློབ་མེ།

FACULTY OF TRADITIONAL MEDICINE

KHESAR GYALPO UNIVERSITY OF MEDICAL SCIENCES OF BHUTAN
KAWANG JANGSA. THIMPHU



LEAVE REQUEST AND APPLICATION

To :

Date:

I would be grateful if the following leave may be granted.

Particulars	Select to Avail	Duration		No. of Days	Purpose
		Start Date	End Date		
Casual Leave					
Earned Leave					
Maternity Leave					Attach Evidence
Medical Leave					Attach Evidence
Paternity Leave					Attach Evidence
Bereavement Leave					
Extraordinary Leave					
Others.....					Attach Evidence

During my leave of absencewill be responsible to carry out my duties. My contact number during the leave is

Name, Signature and Designation of Applicant

Personal records have been checked and the applicant has
Days Casual Leave /Earned Leave / Maternity Leave /Paternity Leave balance as of
.....

Date: _____ Checked by _____ : HRO/ ADMO

Date: _____ Approved by _____ : Supervisor

Approved by: Faculty/ University HR Committee meeting No.....
Dated for EOL.

Signature of the HRO /ADMO