***ANNEXURE 10/2***

To : ……………

From : ……………

BHUTAN NATIONAL LEGAL INSTITUTE LEAVE REQUEST AND APPROVAL FORM

Date: ………………..

Kindly grant me leave as follows:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Type of Leave** | **Select** | **Duration** | | | **Remarks** |
| **Sl.** | **to** |
| **Start** | **End** | **Total** |
| **No.** | **Avail** |
| **Date** | **Date** |
|  | (√) |
| 1 | Casual Leave |  |  |  |  |  |
| 2 | Annual 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 Annual leave remaining.

|  |  |  |
| --- | --- | --- |
| Recommended |  | Not Recommended |

Signature HR Officer

Approved by: Signature of Supervisor/Manager



Approved by: HR Committee meeting no. ….. dated… for (i) medical leave

beyond one month and (ii) EOL. Signature of HR Officer