



དངུལ་རྩིས་ལྷན་ཁག།
Regional Revenue & Customs Office, Phuentsholing
Department of Revenue and Customs
Ministry of Finance
Royal Government of Bhutan

BHUTAN
Believe

LEAVE REQUEST AND APPROVAL FORM

To :

Date:

From :

Designation:

Kindly grant me leave as follows:

*Submit reasons:

Sl. No	Type of Leave	Select to avail(v)	Duration			Remarks
			Start Date	End Date	Total	
1	Annual Leave					
2	Earned Leave					
3	Casual Leave					
4	Maternity Leave					Attach evidence
5	Paternity Leave					Attach evidence
6	Extraordinary Leave					Execute Undertaking
7	Bereavement Leave					Attach evidence
8	Medical Leave					Attach evidence
9	Medical Escort Leave					Attach evidence
10	Preparatory leave					

*Submit reason.....

Signature of Applicants

*Until today, the..... (Date) of..... (Month),..... (Year), the applicant has.....days of Annual Leave remaining.

Signature of ADM/HR Officer

Signature of Section Head

Approved

Not Approved

Signature of Regional Director