ANNESURE 10/2

**ROYAL CIVIL SERVICE COMMISSION**

**LEAVE REQUEST AND APPROVAL FORM**

To :………………………………………. Dated :………………………

From : ………………………………………

Kindly grant me lave 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  |  |  |  |  | Attached evidence |
| 4 | Paternity Leave  |  |  |  |  | Attached evidence |
| 5 | Medical Leave |  |  |  |  | Attached evidence |
| 6 | Extraordinary Leave |  |  |  |  | Execute Undertaking |
| 7 | Bereavement Leave |  |  |  |  | Attached evidence |
| 8 | Medical Escort Leave |  |  |  |  | Attached evidence |

* Submit reasons:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Signature of Applicant**

* **Name of officiating official: ………………………………**

 **Endorsed by Sector Head**

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

 Recommended Not Recommended

**Signature**

**HR Officer**

Approved by: **Dasho Dzongdag/Dzongrab/Principal/CMO/GDMO**

Approved by: HR Committee meeting no…………………………….dated ………………….for (i) medical leave beyond one month and (ii) EOL.

  **Signature of HR Officer**