



འབྲུག་གི་ཁྲུང་ཡངས་ཚད་འཛིན།

BHUTAN DUTY FREE LIMITED

Leave Application Form

Name of Employee: Date:.....
Token No:.....

Designation: Dept./Section

Type of leave Applied:

Casual Leave Sick Leave Earned Leave Medical Leave
 Maternity Leave Paternity Leave LWP Others [.....]

Start Date:(D/M/Y)..... End Date:(D/M/Y)..... Duration:.....

Reasons (Attach Medical or Relevant Documents, Where required).....

Contact Address/Number during leave.....

Signature of Employee :---->

Leave balance as per record:

Availed till date: C/L..... S/L..... E/L..... Medical/L.....

Balance as per record: C/L..... S/L..... E/L..... Medical/L..... Verified By:

Signature of Supervisor Recommended Not Recommended

Signature of Approving Officer Approved Not Approved

For Official Record: days of leave entered in the leave record by:

Signature:
Name:

Note: Employee shall not proceed on leave, unless the leave is approved by a competent authority.