

**KHESAR GYALPO UNIVERSITY OF MEDICAL SCIENCES OF BHUTAN
FACULTY OF NURSING AND PUBLIC HEALTH
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					Attach Evidence
Extraordinary Leave					
Study Leave					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 hasdays Casual Leave /Earned Leave /Maternity Leave /Paternity Leave balance as of

Date: Checked by HRO

Date: Approved by Manager/Supervisor

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

Signature of the HRO