



། གནམ་གྲུའི་སྐྱེལ་འདྲེན་ལས་ཁུངས།
བདེ་དོན་དང་བརྒྱུད་འབྲེལ་ལྷན་ཁག་ དཔལ་ལྷན་འབྲུག་གཞུང་།

Department of Air Transport

Ministry of Information and Communications

Royal Government of Bhutan



Paro International Airport

ANNEXURE 10/2

LEAVE REQUEST AND APPROVAL FORM

Date: _____

*Name of applicant : _____ Designation _____

*Section/Unit : _____

Sl. No	Type of Leave	Select to Avail (✓)	Duration			Remarks
			Start Date	End Date	Total	
1	Casual Leave					*
2	Earned Leave					*
3	Medical Leave					Attach Evidence
4	Maternity Leave					Attach Evidence
5	Paternity Leave					Attach Evidence
6	Extraordinary Leave					Execute Legal Undertaking
7	Bereavement Leave					

*Submit reasons : _____

*Contact No./e-mail ID: _____

*Signature of applicant _____

Recommendations of the Section Head: _____

Signature _____ Date: _____

Recommendations of the Head of the Department: _____

Signature: _____ Date: _____