



ལྷོ། རྒྱལ་ཡོངས་ཚུ་དབྱུང་དང་གནམ་གཤིས་རིག་པའི་རྩེ་བ།
NATIONAL CENTER FOR HYDROLOGY AND METEOROLOGY
THIMPHU: BHUTAN



"Center of excellence in Hydrology, Meteorology and Cryosphere Science and Services"

Leave Application Form		
Employee Name		
Department/Division		
Name of Supervisor		
Type of Leave Requested (Please choose the relevant reason)		
1. Casual Leave	<input type="checkbox"/>	
2. Earned Leave	<input type="checkbox"/>	
3. Maternity / Paternity Leave	<input type="checkbox"/>	
4. Medical Leave (ML)/Escort Leave (EsL)	<input type="checkbox"/>	
5. Bereavement Leave	<input type="checkbox"/>	
6. CE Exam Leave	<input type="checkbox"/>	
7. Extra Ordinary Leave (EoL)	<input type="checkbox"/>	
<i>Note: Sl.No. 3 to 6 should be supported by necessary documents.</i>		
Leave Applied	From : (d/m/y) _____	To : (d/m/y) _____, Day(s) _____
Reasons:		
Employee's Signature _____		Date: _____
Date: _____		
Recommendation of HRO		
Certified that the employee has _____ day(s) _____ Leave balance as on ____/____/____.		
Signature of HRO (Official Seal) _____		Date: _____
Approval of the Department/Division Head		
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
Signature _____ (Official Seal)		Date: _____
For Official Use from Sl. No. 2 - 6 (Human Resource Division)		
NCHM/HRD-09/2017/		Date: _____
Sanction is hereby accorded for _____ Leave with effect from ____/____/____ to ____/____/____ for _____ days.		
(Chief/HR Officer) _____		(Official Seal)
For Official Use for Sl.No. 4 & 7 (Human Resource Division)		
EOL/ML/EsL _____		Approved by HRC Meeting No: _____ dated _____.
Note: ML beyond 1 month only.		

Tele Fax: 02 327202



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