



ཕྱེ། རྒྱལ་ཡོངས་ཚུ་དབྱུང་དང་གནམ་གཤིས་རིག་པའི་ལྗེ་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:	
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 ML beyond 1 month only.		Approved by HRC Meeting No: _____ dated ____/____/____.    Note: