



འབྲུག་གི་བའི་མཁའ་འགྲུལ་དབང་འཛིན།
 BHUTAN CIVIL AVIATION AUTHORITY
 PARO; BHUTAN



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 _____

(1) Recommendations of the Section Head: _____

Signature _____ Date: _____

(2) Recommendations of the Head of the Department : _____

Signature: _____ Date: _____