



འབྲུག་ཚོང་དང་བཟོ་གྲུ་འཛིན་ཚོགས་སྒྲུབ།

Bhutan Chamber of Commerce & Industry
Towards Private Sector Development

LEAVE REQUEST & APPROVAL FORM

Date:.....

Name of the applicant:

Kindly grant me leave as follows:

Sl. No.	Type of Leave	Select to Avail (✓)	Duration			Remarks
			Start date	End date	Total days	
1	Casual Leave					
2	Earned Leave					
3	Maternity Leave					
4	Paternity Leave					
5	Medical Leave					
6	Bereavement Leave					
7	Study Leave					
8	Extraordinary Leave					

Purpose of leave:

Signature of Applicant

As on....., the applicant has days of casual leave, and days of earned leave remaining.

Signature
HR Officer/Personnel Officer

Recommended

Not recommended

Signature
Head of Division

Approved by:

Approved by: HR Committee meeting no. dated for
(i) Medical Leave beyond one month (ii) Study Leave and (iii) EOL.

Head Office: Post Box No. 147, Doebum Lam, Chubachu – Thimphu 11001, Bhutan

Tel: +975 2 324254/322742, Fax: +975 2 323936, E-mail: info@bccci.org.bt URL: www.bccci.org.bt

Regional Office Address:

Phuentsholing
Tel: 05 254961
Fax: 05 254960

Bumthang
Tel: 03 631210
Fax: 03 631187

Mongar
Tel: 04 641293
Fax: 04 641358

Gelephu
Tel: 06 252021
Fax: 06 252022

Samdrup Jongkhar
Tel: 07 251813
Fax: 07 251814