

BHUTAN ELECTRICITY AUTHORITY

Leave Application Form

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| Name : | |
| Department/ Division : | |
| Name of Supervisor : | |
| Type of Leave requested | |
| 1. Earned Leave <input type="checkbox"/> | 4. Maternity Leave <input type="checkbox"/> |
| 2. Medical Leave <input type="checkbox"/> | 5. Bereavement Leave <input type="checkbox"/> |
| 3. Paternity Leave <input type="checkbox"/> | |
| <i>Note: Sl.No.2 to 5 should be supported by necessary documents</i> | |
| From Day/Month/Year : | To: Day/Month/Year : |
| Reason : | |
| Employee's Signature | |
| Date : | |
| Verification by HRO | |
| The Employee hasday(s) earned leave balance as on ____/____/____ | |
| Signature & Date | |
| Recommendation of the Department/Division Head | |
| Signature | |
| Date : | |
| Approved <input type="checkbox"/> | Rejected <input type="checkbox"/> |
| Signature Director | |
| Date :..... | |

The employee must seek approval for leave 2 days prior to your first day of absence