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Construction Association of Bhutan

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Leave Request and 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					Attach Evidence
4	Paternity Leave					Attach Evidence
5	Medical Leave					Attach Evidence
6	Medical Escort Leave					Attach Evidence
7	Bereavement Leave					Attach Evidence
8	Study Leave					Execute Legal Undertaking
9	Extraordinary Leave					Execute Legal Undertaking

Purpose of Leave:

Signature of Applicant

(Verified by ADM)

As ondd/mm/yyyy, the applicant hasdays of causal leave, anddays of earned leave remaining.

Signature of dealing Official

Approved

Not Approved

Signature of General Secretary