



ལྷན་སྐྱོང་གི་རྒྱུ་རྐྱེན་གྱི་འཕེལ་རྒྱས་ལྷན་ཁང་།
NATIONAL CSI DEVELOPMENT BANK LTD



Start small to grow big

Paro: Bhutan

To: _____

From: _____

Kindly grant me leave as follows:

Sl. No	Type of Leave	Select to Avail	Start Date	End Date	Duration	Remarks
1	Earned Leave					
2	Casual Leave					
3	Maternity Leave					
4	Paternity Leave					
5	Medical Leave					
6	Extraordinary Leave					
7	Bereavement Leave					
8	Escort Leave					

Submit reasons for Earned Leave and Casual Leave: _____

Signature of Applicant

* Until today, the (date) of (month), (year), the applicant has days of earned leave, and days of casual leave remaining.

Leave: Recommended/Not Recommended

**Signature
HRD**

Approved by:

Signature of Supervisor/Manager

Approved by: HR Committee meeting no. _____ Dated _____ For (a) Medical Leave beyond one month. (b) EOL and (c) Study Leave.

Approved by: -

Chief Executive Officer