

Date: _____

**ROYAL UNIVERSITY OF BHUTAN
PARO COLLEGE OF EDUCATION
PARO: BHUTAN**

Leave application in respect of the government employees (all categories)

Name: _____

Designation: _____

Nature of Leave: _____

Period of leave applied for: _____

No. of days: _____

Purpose of leave applied for: _____

Leave at credit prior to leave applied for: _____

Balance at credit: _____

Classes/Responsibility handed over to: _____

SIGNATURE OF PERSON TAKING OVER

SIGNATURE OF APPLICANT

Administration/ Dean, Academic Affairs: _____

Approved/Not Approved:

Director General _____

Note:

- 1. Irrespective of nature of leave application should be produced well in advance (Before availing leave)**
- 2. For sanctioning of Medical/Maternity Leave a certificate from the competent Medical authority should be produced on rejoining of duty.**