

# BHUTAN ELECTRICITY AUTHORITY

## **Leave Application Form**

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"/>	
<b>Note: Sl.No.2 to 5 should be supported by necessary documents</b>	
From Day/Month /Year:	To: Day/Month / Year :
Reasons:	
..... Employee's Signature	Date: .....
Verification by HRO	
The employee has .....day(s) earned leave balance as on _____/____/201__	
Signature & Date	
<b>Recommendation of the Department/ Division Head</b>	
Signature	Date: _____
Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>
.....	
Signature Chief Executive Officer	Date: .....

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