**LEAVE RECORD FORM**

**Institute of Language and Culture Studies**

**Taktse, Trongsa.**

Date:

1. Name :
2. Position:
3. Leave:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SL. No** | **Type of Leave** | **From** | **Till** | **No. of days** | **Purpose** |
| 1 | Casual Leave |  |  |  |  |
| 2 | Earned Leave |  |  |  |  |
| 3 | Medical Leave |  |  |  |  |
| 4 | Maternity Leave |  |  |  |  |
| 5 | Paternity Leave |  |  |  |  |
| 6 | Bereavement Leave |  |  |  |  |
| 7 | EOL Leave |  |  |  |  |
| 8 | Study Leave |  |  |  |  |

**1. Name and Signature of Applicant 2. Name and Signature of Supervisor**

**3. Name and Signature of Manager/Approving Authority**