## Annexure 10/1

## ROYAL UNIVERSITY OF BHUTAN LEAVE APPLICATION FORM



	T				Royal University of Bhutan
Name of Staff					
Name of Supervisor				1	
Type of leave					
Effective dates	From:			To:	
Number of days			*		
Note: Leave other than	casual ar	nd earne	d must be suppo	rted by documents	
Reasons for leave					
Date of application					
Applicant's signature					
During the applicant's leave of absence, responsibilities will be looked after by			Name of staff:		
			Signature		
Status of leave application Ap			proved		
Leave approved by				Signature	
				Date:	
		Records	s Section (HRD/	ADM)	4-
Certified that the staff has day(s)				leave balance as on	
Records section author	ority	,			
		Sigr	nature		