



TARAYANA FOUNDATION  
TARAYANA CENTRE  
P.O.BOX 2003  
CHUBACHU  
THIMPHU, BHUTAN



### LEAVE APPLICATION FORM

1. Name: \_\_\_\_\_

2. Designation: \_\_\_\_\_

3. Section: \_\_\_\_\_

4. Type of Leave applied for : \_\_\_\_\_  
a) Casual                      b) EARN                      c) medical                      d) Maternity

5. Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Number of days: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

7. Leave status ( adm) \_\_\_\_\_

Leave approved by

Signature of Applicant