

TRASHIYANGTSE INSTITUTE FOR ZORIG CHUSUM
TRASHIYANGTSE
LEAVE APPLICATION FORM FOR STAFF

1. Name of Applicant :
2. Duration of leave required Period:day(s) from: To:
3. Nature of leave: (Tick type of leave applied for)
 - a) **CASUAL**
 - b) **EARNED**
 - c) **EOL**
 - d) **MEDICAL**
 - e) **PATERNITY/ MATERNITY**

Contact address with phone # during leave period.

.....

Date:.....

Signature of Applicant

FOR USE BY THE IMMEDIATE SUPERVISOR

I recommend leave as applied for subject to his/her leave in credit. His/her responsibilities will be Substituted by Mr/Ms: during his/her absence.

Remarks/Comments:

Date:.....

**Signature
Supervisor/HOD**

FOR USE BY HR/ADM SECTION

1. Casual Leave: Has days of CL in credit as of
2. Earned Leave: Has days of EL in credit as of
3. EOL: Has so far availeddays of EOL during his/her service tenure.
4. Medical Leave: Medical Certificate/Documents required for submission along with the joining report on resuming duty.
- 4.
5. Paternity/Maternity Leave: Medical Certificate/Documents required for submission along with the joining report on resuming duty.

Date:

HR/ADMIN. ASSTT.

APPROVED/NOT APPROVED

PRINCIPAL
