TRASHIYANGTSE INSTITUTE FOR ZORIG CHUSUM TRASHIYANGTSE

LEAVE APPLICATION FORM FOR TRAINEES (To be filled in by Trainee)

Name:	Trade:	Year:
Duration of leave (in days):	(From: .)
Reason for leave:		
Contact address with Phone No.	during Leave:	
Reporting: Date:	Day:.	
	subjected to punitive actions	genuine grounds as stated above. Is by the authorities in the event of late e period.
Date:		
Time:		Signature of Trainee
	APPROVED / NOT APPRO	VED
		Principal/Vice Principal
After approval of leave inform Wa	arden/Matron and report to th	ne Head of the Department.
(Leave Record Register):		Signature of Matron/Warden
Date:		
Department's Leave Record Reg	ister:	
		Signature of Head of Department

General Guidelines:

- During class and workshop time the concerned Head of Department will give permission for visit to hospital only upon proper scrutiny of request. Entry of information about time of departure and return should be marked and signed in the permission card. Trainees will be required to produce prescription and report cards from hospital upon reporting back to the concerned Head of Department.
- Leave application should be submitted to the Vice Principal/Principal after due recommendation of the HOD Concerned.
- ❖ If a trainee was in hospital or sick for sometime, copy of medical documents & certificates should be submitted to the Head of Department on reporting back to the Institute.
- Absenteeism without prior permission shall be viewed as a serious offense and actions will be initiated as per the Institute rules and regulations.
- Concerned head of Department, warden and matrons should keep one another each other informed on a very regular basis the details of absent trainee.
- Warden/Matron may seek help of the Institute councilor for up-to-date information on leave during weekend.
- ❖ Trainees after returning from the leave should report immediately to Warden/Matron and the Department Head before joining in the class/workshop.

PRINCIPAL