



ཕུནགཙང་ཚུ-2 ལྷོག་མེ་ལམ་འགུལ་དབང་འཛིན།

PUNATSANGCHHU-II HYDROELECTRIC PROJECT AUTHORITY
BJIMTHANGKHA, WANGDUE: BHUTAN



Date:

LEAVE FORM

Medical Leave Bereavement Leave Maternity Leave Paternity Leave

1. Name :
2. Emp. ID No. :
3. Post held :
4. Office to which attached :
5. Period of Leave applied for :
6. Documents attached :

Contract Address & Mobile No. :

Date:

Signature of Applicant

Remarks/Verification of Controlling Officer

Signature:

Designation:

Date:

Remarks/Recommendation of Sr. Personnel Officer

Signature:

Date: