



ལོད་སྐྱོད་ལྷན་ཚོགས་ལུ།  
**Loden Foundation**  
 Thimphu: Bhutan | P.O. Box: 131  
 Tele: +975-77193322 / +975-77195599  
 Email: info@loden.org  
 www.loden.org

## Leave Application Form

Date of Application:

Employee Name:	Designation:
Type of leave: <input type="checkbox"/> Sick Leave <input type="checkbox"/> Bereavement Leave <input type="checkbox"/> Medical Leave <input type="checkbox"/> Earned Leave <input type="checkbox"/> Casual Leave <input type="checkbox"/> Paternity Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Other	
Reason for Leave: ..... ..... .....  <input type="checkbox"/> Documents Attached (For Medical Leave)	
<i>Signature of Applicant</i>	
Contact details when on Leave for Office Communication. Mobile No: ..... Email ID: .....	

For Office Use:                              Approved <input type="checkbox"/> Rejected <input type="checkbox"/>	
Received By:  <i>Administrative Officer</i>	Approved By:  <i>Operations Manager and/ Executive Director</i>
Remarks:   Current Leave Balance: SL: _____                              CL: _____                              EL: _____	
Documentation Attested List :   	