ཨོ་རྒྱན་ཚོང་འབྲེལ་སྒྲིར་སྤྱི་ཚད་འཛིན།

UGEN TRADING PRIVATE LIMITED

LEAVE APPLICATION FORM

1. Name of employee : ……
2. Designation : ……
3. Division (UTH/UEM/UA/UE) : ……..
4. Type of leave applied for (Please tick the relevant box):

   ☐ Earned leave ☐ Casual leave ☐ Leave without pay ☐ Medical leave
   ☐ Bereavement leave. ☐ Maternity leave ☐ Paternity leave ☐ Escort leave
   ☐ Others

5. Date of leave from : …….. to : ……..
6. Reason for leave : …….
7. Address during the leave : …….
8. Name of the substitute (if the leave period is more than a week): ……

Signature of Employee

Certified by HR Manager

Number of leave used till date: ……. and number of leave balance till date: ……

Signature of Immediate Manager/Supervisor

Signature of Department GM/Head
(if availed for more than 1 week)

Post Box No. 231, Babesa-Thimphu Expressway, Thimphu, Bhutan
Tel: +975 2 321019/323092/323878 | Fax: +975 2 321071 | Email: hello@ugentrading.com
Website: www.ugentrading.com