



Bhutan Power Corporation Limited

Thimphu : Bhutan

Name:		Designation:	
Employee Id. No.		Grade:	
Wing/Dept./Div.		Place:	
TYPE OF LEAVE APPLIED FOR:			
NUMBER OF DAYS APPLIED FOR:			
Reason for Leave			
FROM:		TO:	
SIGNATURE:		DATE:	
IMMEDIATE SUPERVISOR			
COMMENTS AND RECOMMENDATIONS:			
SIGNATURE:		DATE	
APPROVING AUTHORITY			
APPROVED NUMBER OF DAYS:			
COMMENTS: (IF ANY)			
SIGNATURE:		DATE:	