ANNEXURE 23: LEAVE APPLICATION FORM

বস্থাপুর্মিশ্রম্পরাইশ্রা Bhutan Power Corporation Limited Registered Office:Thimphu					
Name:			Designati	on:	
Employee Id. No.			Grade:	e:	
Service/Dept./Div.			Place:		
TYPE OF LEAVE APP	PLIED 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:		