

To
 HRD
 Nauru International Wellness Institute
 Thimphu

Date: _____

Sir/Madam

Please kindly grant me leave as follows

SN	Type of Leave	Select to Avail (Tick)	Duration			Remarks
			Start date	End date	Total	
1	Casual Leave					
2	Earned Leave					
3	Sick Leave					
4	Maternity Leave					
5	Paternity Leave					
6	Medical Leave					
7	Study Leave					
8	Bereavement Leave					

Reasons for availing leave:

Name and Signature of Applicant

(To be filled in by the HRO and maintain annual leave record)

Leave Status:

Until today, the(date).....(month).....(Year) the applicant hasdays of leave andof leave remaining.

Signature and Date _____

Approved by:
Director/Head of Department