***ANNEXURE 10/2***

**ROYAL CIVIL SERVICE COMMISSION**

**LEAVE REQUEST AND APPROVAL FORM**

Date: ………………..

To : …………............................

From : ……………...................

Kindly grant me leave as follows:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Type of Leave** | **Select to Avail**  **(√)** | **Duration** | | | **Remarks** |
| **Start Date** | **End**  **Date** | **Total** |
| 1 | Earned Leave |  |  |  |  |  |
| 2 | Casual Leave |  |  |  |  |  |
| 3 | Maternity Leave |  |  |  |  |  |
| 4 | Paternity Leave |  |  |  |  |  |
| 5 | Medical Leave |  |  |  |  |  |
| 6 | Extraordinary Leave |  |  |  |  |  |
| 7 | Bereavement Leave |  |  |  |  |  |

\* Submit reasons:

………………………………………………………………………………………………………….…………………………………………………………………………………………………………....................................................................................................

Signature of Applicant

\* Until today, the …….. (date) of ……… (month), ………. (year), the applicant has …………. days of earned leave, and ………….. days of casual leave remaining.

Recommended Not Recommended

Signature

HR Officer

Approved by: Signature of Supervisor/Manager

Approved by: HR Committee meeting no..….. dated ……. for (i) medical leave beyond one month and (ii) EOL.

Signature of HR Officer