



དར་དཀར་འབྲིང་རིམ་སློབ་གྲྭ་གོང་མ།
DAGA CENTRAL SCHOOL
DAGANA: BHUTAN



Principal: 975-06-481296, General office: 06481135, fax-06-481156, e-mail:dg.dagahss@gmail.com

Date:

The Principal
 Daga Higher Secondary School
 Dagana

Sub: **Application for Leave**

Dear Sir,

Kindly grant me the leave as indicated below:
 (Please tick whichever is applicable)

- Casual Leave
- Medical Leave
- Maternity Leave
- Paternity Leave
- Bereavement Leave
- Others (please specify)

Reason for leave-----

Number of days: ----- From -----To-----

Date of joining back to school: -----

Leave balance (Casual Leave):-----

Handing over the responsibilities

No	My Current Responsibilities	Handed over to	Signature

Yours Sincerely

Signature of the Applicant -----

Full Name of Applicant-----

Leave Sanctioned / Not Sanctioned

Signature of Principal