

**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					Attach evidence
4	Paternity Leave					Attach evidence
5	Medical Leave					Attach evidence
6	Extraordinary Leave					Execute Legal Undertaking
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