

**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	<input type="checkbox"/>				*
2	Casual Leave	<input type="checkbox"/>				*
3	Maternity Leave	<input type="checkbox"/>				Attach evidence
4	Paternity Leave	<input type="checkbox"/>				Attach evidence
5	Medical Leave	<input type="checkbox"/>				Attach evidence
6	Extraordinary Leave	<input type="checkbox"/>				Execute Legal Undertaking
7	Bereavement Leave	<input type="checkbox"/>				

* 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