

**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

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\* 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

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Approved by:

Signature of Supervisor/Manager

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

Signature of HR Officer