



## AMDA-Nepal Leave Request Form

Ref.:.....

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Hospital/Project:.....

Request Date:.....

Department:.....

Total Days:.....From: ..... To: .....

Supervisor:.....

Total leave balance (as of date of application):.....

Type of leave requested:.....

Staff ID:.....

Duty arrangement (Key Note)		
Name	Designation	Signature
Checked by (HR)	Recommended by (Supervisor)	Approved by (OIC)
(Name, Sign, Date)	(Name, Sign, Date)	(Name, Sign, Date)