DEPARTMENTAL/AGEIJCIES RECOMMENDTIONS/UNDERTAI£ING for EXTRAORDINARY LEAVE

Mr/Ms./Dasho... . ..... .... . ........ . .............. . . . . . . ... . . ... ..... . .... . . . .. . . . ..., a regular civil

servant bearing EID No...................... . ..., serving as .............................. ...........

(Position Title) in...........................................(Office Name), has applied to avail EOL for a period of ...................... months with effect from………….to…….

# Accordingly, I hereby recommend and undertake the following:

1. During his absence from EOL, it will not affect the work and the Annual Performance Agreement (APA) of the Divisions/Department;
2. His/her post will not be protected beyond six months.

# On completion of EOL, his/her placement in the Department/ Division will be as per the availability of post vacancy and prevailing BCSR.

Place:

Date:

Place: Date:

# (Division Chief) Name & Office Address

(Department Head) Name & Office Address

Caution: This is an important legal document therefore, should *be* executed after clearly understanding the responsibilities, liabilities and implications.