



དཔལ་ལྷན་འབྲུག་གཞི་རིམ་ བསྟན་ཀླུ་སྐྱོན་ལག

མི་སྣོལ་སྡེ་ཚོན་ ཐིམ་ཕུ།

**HUMAN RESOURCE DIVISION
MINISTRY OF ECONOMIC AFFAIRS
THIMPHU**



Leave Encashment Form

- 1. Name of Employee : _____
- 2. Employee ID No. : _____
- 3. Position Title : _____
- 4. Position Level : _____
- 5. Dept/Div/Section : _____

Date and Signature of the Employee

To be checked and verified by the Administrative Assistant, HRD

*It is certified that the above employee has days of earned leave as of
Date Month.....year*

**Name and signature
Administrative Assistant
Date:**

NOTE: Only one encashment of earned leave is allowed during a financial year.

No. MoEA/HRD-21/2013/

Date: / /

Sanction of the Govt. is hereby accorded to the payment of Nu. _____ (Ngultrum
_____) only to Dasho/Mr/Mrs/Ms
_____ Position Title _____ Dept/Div/Section
_____ for encashment of 30 days EL for the financial year

(SANCTIONING AUTHORITY)

Copy to : 1. The Dy. Chief Accounts Officer, AFD, MoEA
2. Office Copy.