



དཔལ་ལྷན་འབྲུག་གཞུང་། བསྐྱོན་རྒྱུ་ལྷན་ཁག
 མི་སྲོལ་སྡེ་ཚོན་ཐིམ་ཕུ།



**HUMAN RESOURCE DIVISION
 MINISTRY OF ECONOMIC AFFAIRS
 ROYAL GOVERNMENT OF BHUTAN**

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-15/.....

Date:/...../.....

Sanction of the Government 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
 Earn Leave for the financial year _____.

(SANCTIONING AUTHORITY)

Copy to: 1. The Chief Finance Officer, Finance Division, Directorate Services, MoEA.
 2. Office Copy.