



LEAVE ENCASHMENT FORM

Date:

1. Name of employee:
2. Designation:
3. Financial year:

Signature of applicant

(Verified by HRD Division)

Certified that the above applicant has days of earned leave available at his/her credit as ondd/mm/yyyy.

Signature of dealing official

BCCI/.....

Date:

Sanction is hereby accorded for the payment of a sum of Nu..... (Ngultrum) only equivalent to one month's basic pay to the above applicant as encashment of earned leave for the Financial Year..... as admissible under the rules in vogue.

(Secretary General)

- Cc:
1. Accounts Division for necessary action
 2. Personal file
 3. Person concerned