



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 hasdays of earned leave available at his/her credit as on..... (dd/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

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