



དཔལ་ལྷན་འབྲུག་གཞུང་། ལུས་ཤུགས་དང་རང་བཞིན་ཐོན་སྐྱེད་ལྷན་ཁག་།
Human Resource Division
Ministry of Energy and Natural Resources
Royal Government of Bhutan
Thimphu: Bhutan

BHUTAN
Believe

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. MoENR/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)