



TDA/HRD-03/2022-2023/

Date:

LEAVE ENCASHMENT FORM

Application addressed to :

1. Name :

2. Position Title :

3. Position Level :

4. Office to which attached :

5. Basic pay :

Applicant's Signature

Signature of Sector Head

Remarks/Recommendation of HR Officer

Certified that he/she has _____ days of leave balance as of / / Therefore, sanction is hereby accorded for the Leave Encashment of (_____) only i.e. an amount equivalent to the civil servants one month's basic pay.

Signature of HRO

Signature of Drawing Disbursing Officer

Copy to:

1. Finance Officer, Dzongkhag Administration, Gasa
1. Sector Head Concerned
2. Personal file
3. Person Concerned