



དཔལ་ལྷན་འབྲུག་གཞུང་།
དགའ་ས་ཚོང་ཁག།
Royal Government of Bhutan
Dzongkhag Administration, Gasa



Date:

Application for Leave Encashment for the FY: _____ to _____

Application addressed to :

1. Name :
2. Position :
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 date of encashment. Therefore, sanction is hereby accorded for the Leave Encashment of (_____) only i.e. an amount equivalent to the civil servants one months basic pay.

Signature of HRO

Signature of Controlling Officer

Cc:

1. Finance Officer, Dzongkhag Administration, Gasa
2. Office copy