



ལྷོ། ལྷོ་ཡོངས་ལྷོ་དབུ་དང་གནམ་གཤིས་རིག་པའི་རྩེ་བ།
NATIONAL CENTER FOR HYDROLOGY AND METEOROLOGY
THIMPHU: BHUTAN



"Center of excellence in Hydrology, Meteorology and Cryosphere Science and Services"

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. NCHM/HRD-09/2018/

Date: / /

Sanction of the Govt. 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 EL
 for the financial year _____

(SANCTIONING AUTHORITY)

Copy to: 1. The Accounts/Finance Officer, NCHM
 2. Office Copy.

Tele Fax: 02 327202