



ཕྱག་རྒྱལ་ཡོངས་ཚུ་དབྱུང་དང་གནམ་གཤིས་རིག་པའི་སླེ་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 & Signature of the Employee

To be checked and verified by Administrative, Assistant, HRD

*It is certified that the above employee hasdays of leave of
 DateMonth.....Year*

***Name and signature
 Administrative Assistant
 Date:***

NOTE: Only one encashment of earned leave is allowed during a financial year.

No. NCHM/HRD-14/2019-20/ _____ 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. Dy. Chief Finance Officer, AFD, NCHM.
 2. Office Copy.*

