



Date:

**Earned Leave Encashment Form**

1. Name of Employee :
2. Employee ID or CID No :
3. Designation :
4. Position Level/Grade:
5. Basic Salary at the time of Application :
6. Financial Year :
7. Section/Division attached with :

*(Signature of the applicant)*

*(This part to be checked & verified by the Administrative Assistant, HRD)*

*It is certified that the above applicant has .....days of Earned Leave available on his/her credit as on.....*

**Encashment:** Recommended/Not Recommended.

*Name & Signature*

*Adm. Assistant*

**(Remarks of Adm. /HR Officer)**

Phone: Main Office EPABX# 00975-05-252168/252759/254645 Fax# 252882, Water Supply (O)# 252877, Sewerage (O) # 253306,  
Town Maintenance (O) # 253636. Website: [www.pcc.bt](http://www.pcc.bt), Email: [pccplg@druknet.bt](mailto:pccplg@druknet.bt)