

EARNED LEAVE ENCASHMENT FORM

PART ONE (To be filled up by the individual applying for encashment)

- (1) Name of employee:.....
- (2) Position/designation:.....
- (3) Position level/grade:.....
- (4) Employee ID:.....
- (5) Date of application:.....

(Dated signature of the applicant)

PART TWO (To be checked and verified by the Human Resources Officer)

- (1) Certified that the above applicant hasdays of earned leave available on his/her credit as on.....
- (2) Basic Salary at the time of application.....
- (3) Leave balance after encashment.....
- (4) Encashment : Recommended /Not recommended
- (5) Date.....

(Name and signature of HR Officer)

PART THREE (Order to be sanctioned after fulfilling the requirements) SANCTION ORDER

Sanction of the BEA Secretariat is hereby accorded for the payment of Nu.....
(In figures).....
(in words) equivalent to one month's basic pay to Mr./Miss/Mrs. during the Fiscal Year..... on the basis of the information given above and as admissible under the existing BEA Service Rules and Regulations.

(Chief Adm. & HR Division)

To:

- (1) Finance Officer for payment.
- (2) Personal file of the person concerned.