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CITY BUS SERVICE
THROMDE



Employee Details

Name		Designation	
Basic Salary		Grade	
Division		Place	
Signature		Date	

Encashment

Date of Encashment	
Earned Leave Balance	

Verification (To be done by the official keeping track of employee's leave account)

Name, designation of verifying official	
Leave balance after encashment	
Signature:	Date:

Approval

Name and designation of approving authority	
Signature:	Date: