Authorization Form for Pay slip Issuance to the Third Party

Employee Information
Full Name:
Employee ID/CID no:
Agency:
Contact Number:

Authorized Representative Information
Full Name:
CID no:
Relationship to Employee:
Contact Number:

Authorization Details

I, _____, hereby authorize Mr/Ms _____ to collect my pay slip on my behalf from the ***office of Cluster Finance Services, Lhuentse Dzongkhag*** for the period of_____, the Financial Year_____.

By submitting this form, I affirm that I have granted full consent for issuing my pay slip to the authorized representative. I acknowledge and accept full responsibility for any disclosure of my personal and salary information and any unintended consequences or misuse of the pay slip that may result from this authorization. The authorized representative and I will bear full accountability for such incidents.

Signature of Employee
Signature:
Date:

Signature of Authorized Representative
Signature:
Date:

Verified by Accounts Personnel
Signature**:**
Name of Accounts Personnel**:**
Date of Verification**:**