

# Arrear Disbursement Approval Document

[Organization/Company Name]

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Designation: \_\_\_\_\_

Period of Arrears: \_\_\_\_\_

S.No.	Description	Amount (INR)	Remarks
1	Salary Arrears (Jan - Mar)	_____	_____
2	Leave Encashment	_____	_____
3	Other (Specify)	_____	_____
Total		_____	

Reason for Arrears:

\_\_\_\_\_  
\_\_\_\_\_

Prepared By

Date: \_\_\_\_\_

Checked By

Date: \_\_\_\_\_

Approved By

Date: \_\_\_\_\_

## Important Notes:

- This form must be duly signed and authorized before disbursement of arrears.
- Attach supporting documents as required (salary slips, approval letters, etc.).
- Please ensure all calculations are accurate and verified.
- Keep a copy of the approved document for audit and record purposes.