

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.