

LEAVE ENCASHMENT APPLICATION FORM

1. Name: _____ 2. Position Title & Level _____

3. Date of initial appointment: _____ 4. Employee ID No.: _____

5. Encashment for the Fiscal Year: _____

Date: _____ (Signature of Applicant) _____

Leave Detail *(to be filled by HR Unit)*

A: Earned Leave at credit as on _____ is _____ day(s)

B: Earned leave at credit after the encashment of 30 days is _____ days.

Note: *EL permitted for encashment is only 30 days (not more not less) in a financial year*

Date: _____ Verified by: HR Officer _____

Decision of the Approving Authority:

Approved/Not Approved

_____ Approving Authority _____