

Sub: Leave encashment

Note:	1. Information in respect of all columns is compulsory for processing of an application. 2. * Strike out whichever is not applicable. 3. Payable on calendar year basis.
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1.	Employee code No.		2.	Name of the employee	
3.	Designation		4.	Place of posting	

5.	Scale of Pay	Rs. _____ (IDA/CDA)	6.	Basic pay	Rs. _____ pm						
7.	Status	* Contract / Adhoc / Regular / Deputationist									
8.	Leave encashment applied for	_____ days									
9.	Leave encashment applied for the period	Year _____									
10.	* During the year _____, undersigned has availed LAP as detailed below: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;"><u>From</u></td> <td style="width: 30%; text-align: center;"><u>To</u></td> <td style="width: 40%; text-align: center;"><u>No. of days</u></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table> or Leave regretted by the competent authority is enclosed,					<u>From</u>	<u>To</u>	<u>No. of days</u>			
<u>From</u>	<u>To</u>	<u>No. of days</u>									

Encls: Leave application duly regretted

Date: _____ Signatures of the Employee _____

Signatures of Functional Head : _____
 Name : _____
 Designation: _____

Forwarded to HRM

Above named employee is eligible for leave encashment for _____ days.
 Competent Authority for approval - . Submitted for approval, please.

Signatures of Dealing Official _____

Manager/HRM

DGM/HRM

GM / HRM

Back to Manager / HRM

Dealing Official

Entry for leave encashment for ___ days has been debited to the above mentioned employee's leave account.
 Submitted for verification.

Office order for is also placed below for signatures, please.

Signatures of Dealing Official _____

Manager / HRM

Dealing Official