**EARN LEAVE ENCASHMENT FORM**

1. Name of the employee :
2. Position Title/level :
3. Basic salary at the time of Application :
4. Date of Application :
5. Office Attached with :

**(Signature of the Applicant**)

**(This part to be checked & verified by the Administrative Assistant, HRD)**

It is certified that the above applicant has…………………Days Earned Leave available on his/her

credit as on…………………

**Encashment: Recommended / Not Recommended**

**Name and signature**

 **HRO/ Adm. Asst**

**(Remarks of the Chief HR Officer)**