**LEAVE ENCASHMENT APPLICATION FORM**

1. Name:………………………………………………………………. 2. Position Tile/Level………………………
2. Date of Initial Appointment:……………………………. 4. EID No: …………………………………………
3. Encashment for the Fiscal Year:……………………………………..

**Date:** **(signature of Applicant)**

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**Leave Details (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 leave is only 30 days (not more not less) in a financial year.**

**Date:**  **Verified by HR Officer**

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**Decision of the Approving Authority:**

**Approved/ Not Approved**

**Approving Authority**

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