**EARNED LEAVE ENCASHMENT FORM**

1. **Name of Employee :**
2. **Position Title :**
3. **Position level:**
4. **Encashment of earned leave applied for financial year:**

 ………………………………

 Applications Signature &Date

|  |
| --- |
| Verified that he/she has ……………………….EL at credit as on ……………………and has not en-cashed for the financial year …………………….. Seal &Sign  (HR Section)Approved /Not approvedsign **Sanctioning Authority**  |