



## **EARN LEAVE ENCASHMENT FORM**

1. Name of the employee applying for encashment:
2. Position Title:
3. EID No.:
4. Place:
5. Basic pay at the time of application:
6. Financial Year:
7. Date and Signature of the applicant:

### **Verification Officer**

Certified that the above applicant Mr/Mrs/Ms.....  
has.....days of leave available on his/her credit as of  
..... and therefore recommended/not recommended to  
encash.

**Name and Signature of verification officer:**

### **Approving Officer**

As per the verification of the verification officer above, application is hereby  
approved/not approved to sanction the leave encashment.

**Name and Signature of approving officer:**