

Leave Encashment Approval Document

[Company Name]

Document No.: LEA/2024/___

Date: ___/___/2024

Employee Name: _____

Employee ID: _____

Designation: _____

Department: _____

Leave Encashment Details

Type of Leave: _____

Leave
Balance
(days): _____

Number of Days
Requested: _____

Amount to be
Encased
(INR): _____

Reason for Leave Encashment (if any)

Recommendation & Approval

Recommended by (Manager): _____

Date: ___/___/2024

Approved by (HR): _____

Date: ___/___/2024

Employee Signature

Manager Signature

HR Signature

Important Notes:

- Leave encashment is subject to eligibility and company policies.
- Only unused and eligible types of leave can be encashed.
- Tax, if applicable, will be deducted as per government rules.
- Incomplete forms may be rejected or returned for clarification.
- Keep a copy of the approved document for your records.