

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 Encashed (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.