

Leave Encashment Details Submission

Employee Name

Employee ID

Department

Designation

Encashment Period

e.g. Apr 2023 - Mar 2024

Type of Leave to be Encased

Earned Leave

Encashment Details

Opening Leave Balance	Leave Availed	Balance Leaves	Leaves to be Encased	Encashment Amount (â‚¹)

Remarks (If Any)

Employee Declaration

I hereby confirm that the above details are correct and I request for the encashment of leave as specified.

Employee Signature	Date

Important Notes

- Ensure all details are accurate and match with official records.
- Encashment is subject to company policy and leave balance eligibility.
- Supporting documents, if any, should be attached.
- Incorrect or incomplete submissions may lead to processing delays.
- This form must be approved by the reporting manager/HR before processing.

