

# Leave Encashment Payout Claim Form

## Employee Details

Full Name

Employee ID

Designation

Department

Date of Joining

Contact Number

## Leave Encashment Details

Type of Leave	Balance (Days)	Days Requested for Encashment
e.g., Earned Leave		

Reason for Encashment (if required)

Bank Account Details (for payout)

Account No., IFSC, Bank Name

Applicant's Signature

Date: \_\_\_\_\_

Manager/HR Approval

Date: \_\_\_\_\_

## Important Notes

- Leave encashment is subject to company policy and HR approval.
- Only eligible leave types will be considered for encashment.
- Please verify the available leave balance with HR before submission.
- Incomplete or incorrect details may delay the claim processing.
- Attach supporting documents, if required, as per policy.