

Leave Encashment Request & Approval Form

Employee Name _____

Employee ID _____

Department _____

Designation _____

Date of Request ____ / ____ / ____

Leave Encashment Details

Type of Leave to Encash ☐ Earned Leave ☐ Annual Leave ☐ Others: _____

Opening Leave Balance _____ days

No. of Days Requested for Encashment _____ days

Leave Balance After Encashment _____ days

Remarks (if any) _____

Employee Declaration

I hereby request for leave encashment as per the above details and company policy. I confirm that the information provided is correct and that I am eligible for leave encashment.

Signature of Employee _____ Date ____ / ____ / ____

For HR / Department Use Only

Eligible for Encashment? ☐ Yes ☐ No

Recommendation/Comments _____

HR Verification _____

Approved By (Manager) _____ Date ____ / ____ / ____

HR Head / Authorized Signatory _____ Date ____ / ____ / ____

Important Notes:

- Leave encashment is subject to eligibility and company policy.
- All required supporting documents must be attached.
- Incomplete forms may delay the approval process.
- Approval from HR and relevant authorities is mandatory for processing.

- Encashed leave cannot be restored or claimed again.