

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.