

# Leave Encashment Request

Name:

Employee ID:

Department:

Designation:

Date of Request:

## Leave Encashment Details

Leave Type	
Leave Balance (Days)	
No. of Days to Encash	
Period for Encashment	

Reason/Remarks:

Employee Signature:

Date:

## Important Notes

- Leave encashment is subject to HR policies and management approval.
- Only earned/privilege leave is typically eligible for encashment.
- Request must be submitted with accurate and up-to-date leave balances.
- Tax may be applicable on the encashed amount as per governing laws.
- Incomplete forms may result in delays or rejection of the request.