

# Departmental Leave Encashment Statement

[Department Name] — [Organization/Company Name]

**Employee Name:** [Employee Full Name]  
**Employee ID:** [Employee ID]  
**Designation:** [Job Title/Designation]  
**Department:** [Department Name]  
**Period of Statement:** [From Date] to [To Date]

Leave Type	Leave Balance (Days)	Leave Availed (Days)	Leave Encashable (Days)	Eligible Amount (â,1)
Earned Leave	[XX]	[XX]	[XX]	[XX,XXX.00]
Half-Pay Leave	[XX]	[XX]	[XX]	[XX,XXX.00]
Other (Specify)	[XX]	[XX]	[XX]	[XX,XXX.00]
<b>Total Eligible Amount</b>				<b>[XX,XXX.00]</b>

**Remarks (if any):** [Optional remarks or special notes]

Employee Signature

Department Head

HR Verification

## Important Notes:

- This statement is to be used for departmental leave encashment claims only.
- Leave balances and eligibility are subject to verification by HR.
- Encashment is processed as per company policy and statutory regulations.
- Incorrect or incomplete information may delay the encashment process.
- Please attach supporting documents, if required.