

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]
Total Eligible Amount				[XX,XXX.00]

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.