***EARNED LEAVE ENCASHMENT FORM***

1. Name:
2. Grade and Designation:
3. Office Attached:
4. Financial Year:
5. Basic Pay at the time of application:

 Date: Signature of applicant

 **For use by the HR Officer**

Certified that the above applicant has \_\_\_\_\_\_\_\_\_\_\_\_ days of earned leave in his/her credit as on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Encashment:** Recommended/ Not Recommended

 Name & Signature

**Approved by:**

Amount: Nu.

General Manager

Human Resource & Administration Division