



Leave Encashment Form

Request for Leave Encashment on availing LTC

Date: _____

1	Name			
2	PF. No.		Designation	
3	Department			
4	Pay Band		Grade Pay	
5	Block Year			
6	LTC Sanction Order No.			
7	Sanction Date			
8	LTC Started on		LTC completed on	
9	No. of ELs for leave encashment			
10	Days (Maximum of 10 days only)*			
Signature of the Employee				

For use of Administration/DOFA

1	Checked & entered in SR Page No.	
2	EL balance after leave encashment	
*(A balance of at least 30 days of earned leave is still available to the credit of the employee after taking into account the period of encashment as well as leave)		
Dealing Assistant/Jr. Supdt./ Supdt.		Verified by Asstt. Registrar / Dy. Registrar / DOFA