

**Schedule 24: EARNED LEAVE ENCASHMENT FORM**

- 1. Name :
- 2. Position Title/Level :
- 3. Office Attached :
- 4. Financial Year :
- 5. Basic Pay at the time of application :

Date:

Signature of applicant

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(For use by the HR Officer)

It is hereby certified that above applicant has.....days of earned leave in his/her credit as on.....

Encashment: Recommended/Not Recommended

Name & Signature

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Remarks of the General Manager (HR)