

ANNEXURE
FORM FOR APPLICATION FOR ENCASHMENT OF LEAVE

PART – I

1. Name of the Applicant : _____

2. Designation : _____

3. Section & Department : _____

4. Block for which encashment
of leave applied for : _____

5. Date on which encashment
for he last block year applied : _____

6. No of days of Earned Leave (in
case of non-vacational personnel
and half pay leave incense of vacational
personnel to be proposed to
be surrendered) : _____

7. Date of return from last leave
with period and kind of leave
applied : _____

SIGNATURE _____

NAME (IN BLOCK LETTERS) _____

DATE : _____ DESIGNATION: _____