

# **Human Resources Department**

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To, HR Manager HR Department

Sir/Madam,

# Sub: SL Encashment for the year 2017

With reference to the above subject, I surrender my Leave as below. Kindly arrange to encash for the same.

Staff No.	Employee Name	Number of SL surrendered
MH13	abcd	5 Leave surrendered

#### Note:

Eligibility Criteria: Maximum of 5 days CL/5 days SL un-utilised during the year 2016 are eligible for Surrendering.

### **Employee Signature**

# For use of HR department:

- 1. 22 Balance leave as on 31-12-2017
- 2. No. on LOP(s) during the previous year(2017) :0

Checked by HR Assistant

# Approval from

•	HR Manager		
		President	