



Human Resources Department

Application for Earned leave Encashment

Name : sugam	Date : 13 7 2017
Designation : Manager	Department : nursing
	Staff No. : emp2

Earned leave surrendered 30 days.I declare that i will not avail EL in the month of encashment

Signature of employee

For use by H.R Department	
No. of Days EL at Credit : 150	Serial no. : 0
No. of days EL Surrendered: 30	Date of Receipt : 13/7/2017
No. of Days Balance: 120	Date of previous encashment : First Time
Base pay as on: 13/7/2017 Rs.12	Passed for payment of Rs.: 24
Dearness allowance :12% = Rs.1.44	In words: twenty four only
Total: Rs.24	

Certificates

1. Certified that the employees has not enscahed earned leave during the financial year upto this date.
- 2.Certified that the leaves encashed above has been debited to his EL account and entered in Service.
- 3.Cerfitied that the amount encashed has been added to his taxable salary income.

HR Assistant

H R Assistant	For use by Finance department:
Recommended Approved	Paid via Cheque no. :
	Date:
	Rs.:
	Drawn on Canara Bank/Vijaya Bank
HR Manager Sr. Vice President President	for Rs.