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Leave Encashment Request Form

		Date:		
Employee Name	Accumulated	No of days	No of Days	
	Leave & C OFF	available	Requested	
	Balance of	for Leave	for	
	Previous Year	Encashment	Encashment	
Signature of an Employee	Recommended for Encashment			
(For Accounts Use only)				
Employee CTC:				
Encashment Amount:				
Date & Mode of Payment:				