

SATLUJ JAL VIDUT NIGAM LIMITED
Application for encashment of earned Leave

Name Staff No
Designation Department

Please sanction me encashable Leave fordays. I have not availed of encashment facility during this calendar year.

Date: _____ Signature of Employee

Sanctioned Subject to eligibility.

Date:

Signature & Designation

To
Personnel Department (Authority Competent to Sanction Earned Leave)

To be Completed by Personnel Department

Applicant is having..... days of Encashable Leave at his Credit. He is allowed to encash,..... days as requested. Necessary entry in this respect has been made in the leave record.

Date:

To _____ Signature & Designation
Sr. Accounts Officer

To be Completed by Account Department.

Bill No Date

Payment Admitted for Rs.
Accountant

Sr. Account Officer

Number Date

Your Application for encashment of leave has been forwarded to Sr. Accounts Officer for Payment of leave Salary for days. The Balance that stands to your credit on date after allowing encashment as above, is as follows.

- (a) Encashable earned leave days
- (b) Non-encashable Earned leave days

To
Name Staff No.

Designation Department

Signature & Designation