

THE FOOD CORPORATION OF INDIA

APPLICATION FOR GRANT OF ENCASHMENT OF EARNED LEAVE

01. Name of the Applicant :

02. Designation :

03. Section / Division :

04. Period of leave applied
for encashment (days) :

05. Whether any leave availed
for during the calendar
year, If so, details thereof :

06. Basic Pay & DA on the date
of application to be shown
separately.

07. I undertake to refund any
difference between the
amount admissible under the
rules and the amount drawn
by me if any. :

Date:

Signature of the applicant

(FOR USE BY ADMINISTRATION DIVISION)

Certified that _____ days of Earned Leave is at the credit of Sri/Smt/Kum _____ as on _____ the date of the application.

It is recommended that sanction for encashment of Earned Leave for _____ days may kindly be accorded.

Certified that the necessary entries are recorded in the service sheet / History card and also in the leave account.

SANCTIONED

Asst. Manager (Per)

District Manger / Dy.Manager (Per)

No.

Date:

To

Copy to :

The Individual.