



**Request for Leave Encashment on availing LTC**

Name			
PF. No.		Designation	
Department		Pay Band & GP	
LTC Sanction Order No.		Sanction Date	
Block Year			
LTC Started on		LTC completed on	
No. of ELs for leave encashment	days (Maximum of 10 days only)		

Date :

Signature of Claimant

**Particular of Leave encashment  
(For use of Accounts Section)**

**Calculation of Leave Encasement:**

Basic	+	DA	/	Total days of month	x	No. of EL (days)	=	Encashment Amount(')

Passed for payment of'.....

**SANCTION ORDER**

Sanction is hereby accorded to grant Leave Encashment of \_\_\_\_\_ Days towards (LTC) of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) by cash/cheque in favour of \_\_\_\_\_

Office Assistant

AAO

DDO

Director

**TO BE FILLED BY ACCOUNTS SECTION**

Cheque No.

Date:

Amounting to Rs.

Prepared by

Administrative-cum-Accounts Officer

Receiver Signature