

**Application for Encashment of L A P**

Employee Details		
Name		Emp No.
Designation		Bill Unit.
Basic Pay ( including grade pay )		Date of retirement
Period of LAP/CL applied on account of Encashment	LAP/CL From	To .
Number of Days of LAP for encashment		
Number of Days of LAP previously encashed so far		

**I declare that**

- I shall not cancel the leave at a later date after availing encashment**
- I shall not cancel the pass applied**
- I have not availed encashment of leave for the last 2 years**
- I will remit the encashment amount if I cancel the my leave or pass**
- I have not encashed LAP of 60 days during my career.**
- I also certify that the above particulars furnished by me are true and correct to the best of my knowledge**

**If any information furnished is not true/suppressed, I am liable to be taken under DAR**

**Place**

**Date**

**Signature of the employee**

**Signature of the forwarding Official**

Certification by Leave Section			Certification by Pass Section	
Leave Details			PASS / PTO details	
	LAP/CL	From	To	
a) Period of Leave				a) Pass/PTO Number
b) No. of days of LAP for encashment				b) Dated
c) No. of days of LAP balance after debiting period of encashment and period of LAP (should not be less than 30 days )				c) Pass issuing authority
d) No. of Spells of leave encashment availed so far				
Signature of Leave Section			Signature of Pass Section	

**Certification by Staff Section**

\* Certified that the details and declaration of the employee are verified and found to be correct and the employee has fulfilled the conditions stipulated in Rule 540A of IREC Vol-I and RBE No. 161/2008 Dt.29.10.2008. The employee is eligible to draw encashment of LAP for \_\_\_\_\_ days on account of \_\_\_\_\_ LAP / CL applied from \_\_\_\_\_ to \_\_\_\_\_ for encashment.

The Basic pay of the employee during this period is Rs.\_\_\_\_\_.

**Ch.OS/OS of Staff Section**

**Forwarding officer  
APO/SPO/SSO/SAO**

**Sanctioning authority**

**Forwarded to Bill Drawing Officer**