

Application for Encashment of L A P

Employee Details	
Name	
Emp No. & Bill Unit	
Designation	
Basic Pay (including grade pay)	
Date of retirement	
Period of L A P	
Number of Days of LAP for encashment	

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	
	From	To	
a) Period of LAP			a) Pass/PTO Number
b) No. of days of 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
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 from _____ to _____.
The Basic pay of the employee during this period is Rs._____.

Signature of the Sanctioning authority

Forwarded to Bill Drawing Officer

