



International Management Institute

APPLICATION FOR LEAVE ENCASHMENT

Name: _____ Designation: _____

Basic Pay: _____

Please sanction me encashment of privilege leave for _____ days. I have not availed of encashment of leave facility during the current year i.e.

Signature _____

Date: _____

As per record individuals has _____ day's privilege leave in his / her credit.

Signature of verifying authority

Date: _____

Sanctioned

Director General / Registrar
