

UGEN TRADING HOUSE

Date: **LEAVE ENCASHMENT FORM** Name of the Employee: Designation: I.D. Card No: Basic Salary at the time of application: Financial/Block year: Office attached with: (Signature of the application) This part to be checked and verified by the HR Section; It is certified that above applicant has days of Earned Leave available on his/her credit as on Encashment: Recommended/Not recommended

Name & Signature of Dealing Official.