



Form for encashment of Earned Leave along with Leave Travel Concession

Reference: DoPT OM F. No. 31011/4/2008-Estt. (A) dated 23-09-2008.

In pursuance of the Office Memorandum under reference regarding encashment of EL while availing LTC, I request for the encashment of EL as per details appended below: -

1. Name.....P.F. No.....
2. Designation.....Dept./Section/Unit.....
3. Calendar/ Block year of LTC.....
4. Nature of LTC (Please tick desired option): Home Town /In lieu of H. T. /Any Place in India
5. No. of days encashment of EL required (Out of 10).....
6. Details of leave taken for LTC: (i) Type(s) of Leave.....
(ii) Period, From.....To.....
7. No. of EL encashment earlier with LTC, if any.....

Declaration

1. I understand, if I fail to avail LTC within the time prescribed under CCS LTC Rules 1988, then I will immediately refund the entire amount of leave so encashed along with interest at the rate of two per cent above the rate of interest allowed by the Government as applicable to Provident Fund balances.
2. I fully understand the rules & regulations for availing encashment of Earned Leave with LTC. If any discrepancy found in information given above or any excess payment made to me, I will be liable for the same and will refund the excess amount paid to me.

Counter signed by the HOD/ In-Charge

Signature of applicant

Date.....

(for office use only)

Whether admissible for encashment of EL for LTC (Yes/ No) No. of Days.....

Earlier encashment of No. of days of EL (out of 60).....

Total encashment as on date out of 60 (including current request).....

EL balance after encashment (including current request) is at least 30 (Yes/ No).....

Balance of encashment of EL admissible for LTC.....

Dealing Assistant

JS/ Supdt. (Admin.)

AR/ DR/ JR (Admin.)

Submitted for approval, please

Registrar

Officer-in-Charge (F&A): for making necessary payment after submission of LTC claim subject to the approval by the Appropriate Authority.