

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch ( )**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICATION FOR REIMBUSMENT OF LFC CHARGES 100% ON ELIGIBLE FARE IN TERMS OF CIRCULAR LETTER NO.CIR/P&HRD-IR/25/2015-16 DATED 26.06.2015.

1. Name of the Official / Employee :
2. PF No :
3. Grade :
4. Designation :
5. Date of joining in the Bank :
6. Working at the Branch Since :
7. Department /Branch :
8. LFC Option : Biennial / Quadrennial
9. LFC Block Last availed :
10. Leave Encashment Last availed :
11. No of days Leave Last Encashed :
12. Current LFC Block :
13. Current Leave Encashment Block & :

No. of Days applied for (Separate application

should be produced if availing Leave Encashment)

1. Leave applied /sanctioned :
2. Fare of eligible distance by eligible class :
3. Particulars of family members with relationship age and fare :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No** | **Name** | **Age** | **Relationship** | **Fare**  **(To & Fro)** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

1. Total eligible amount :
2. Certified that the amount claimed for **Rs. (Rupees Only)** for which I am eligible in terms of Circular letter above mentioned, please effect Total amount of fares.
3. Payment by credit to my SB/ CA A/c No.:
4. Certified that the family members mentioned in column No 16 are solely dependent on me and they do not have any independent income.

Place:

Date: Signature of Employee / Official.

**FOR OFICE USE AT BRANCH**

Recommended for Sanction of **Rs. (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Only)** towards LFC charges on eligible fares by eligible class wide LHO Circular CIR/P&HRD-IR/25/2015-16 DATED 26.06.2015.

Chief Manager / Branch Manger

Place: (Branch seal)

Date:

**FOR OFFICE USE AT RBO**

**Sanctioned** Rs………………… (Rupees……………………………………………………….…….….…..only)

REGIONAL MANAGER.

***LEAVE ENCASHMENT FORM (LFC / HTC)***

The Branch Manager Date:

State Bank of India

\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch ( ).

Dear Sir,

I shall be glad if you will please encash 01 Month, Privilege Leave on my account and debit my leave accordingly on account of LTC / HTC sanctioned by Competent Authority.

Yours faithfully,

***Name :* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *PF NO:* \_\_\_\_\_\_\_\_\_**

***Grade :* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Branch :* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Br *Code:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***FOR OFFICE USE IN STAFF SECTION*** | | | ***BY EMPLOYEE/OFFICIAL*** | |
|  | ***Month*** | ***Days*** |  | ***Amount*** |
| ***Privilege Leave due as on 31.03.*** |  |  | ***Basic Pay*** | *Rs.* |
| ***Privilege Leave taken during 20 -*** |  |  | ***Special Allowance*** | *Rs.* |
| ***C.C.A.*** | *Rs.* |
| ***Privilege Leave Encashed*** |  |  | ***H.R.A.*** | *Rs.* |
| ***D.A.*** | *Rs.* |
| ***Balance as on*** |  |  | ***Total*** | *Rs.* |
| ***Date and amount Previous leave encashed*** |  | *p* | ***Less Income Tax*** | *Rs.* |
| ***Amount Payable*** | ***Rs.*** |
| ***LFC/HTC block Due*** |  | |  |  |
| ***Leave Encashment bl.due*** |  | |  |  |

*Noted in Service Sheet.*