

**INDIAN INSTITUTE OF TECHNOLOGY**  
**(INDIAN SCHOOL OF MINES), DHANBAD-826004**

**ADMIN DEPT: FINANCE & ACCOUNTS SECTION**

No. IIT(ISM)/F&A/19-20

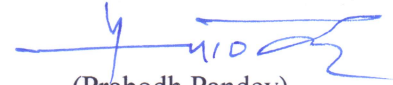
Date: 10-02-2020

**NOTICE**

The encashment of Earned Leave along with Leave Travel Concession while in service may be paid in advance as per rules. Accordingly, employees have to fill the prescribed form enabling accounts section to pay EL encashment in advance before proceeding on LTC. In cases where LTC is not availed due to any reason, whole amount of EL encashment along with penal interest will be recovered in full from the next salary of the concerned employee.

The procedure to be followed is outlined below:

1. On the receipt of duly filled claim form along with EL encashment order, the payment of encashment of earned leave may be made with the salary before the date of scheduled LTC journey.
2. In cases of not availing LTC, the paid amount of EL encashment along with penal interest will be recovered in full from next salary. If LTC is not availed, intimation may be given or refund may be done at the earliest.
3. LTC Claim form is available on the website under the Tab "Forms & Rules Employees".

  
(Prabodh Pandey)  
Dy. Registrar (F&A)

Copy to : DT/DD for kind information  
: All Deans/Assoc. Deans/PCE/All HODs/HOCs/RG  
: CMO/PIC (T&P)/Librarian/Workshop In-charge /Campus Engineer/SM  
: All Section Heads  
: Notice Boards

Through : e-mail & MIS to All employees

Enclosed : LTC Leave encashment claim form.

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**ADMIN DEPTT: FINANCE AND ACCOUNTS SECTION**

<b>APPLICATION FOR ENCASHMENT OF EARNED LEAVE FOR L.T.C PURPOSE CLAIMED FOR THE BLOCK YEAR:</b>		
1	Name of the Employee	
2	Employee Code	
3	Designation	
4	No. of Days Claimed for encashment	
5	Proposed date of Onward LTC Journey	
6	Proposed date of Return LTC Journey	
7	Encashment Order Attached	YES / NO

I do hereby undertake that, if proposed LTC is not availed by the undersigned, full amount of LTC along with penal interest will be refunded by me at the earliest or may be deducted from my salary.

Signature  
Name of Govt. Signature  
Designation:  
Deptt:

**For Use in Accounts Section**

Total Amount Paid: \_\_\_\_\_

Dealing Asstt.

Dy. Reg (F&A)