

Employee Declaration (Leave Encashment)

I, _____ (name of the employee), do hereby confirm that prior to UnitedHealth Group

☐ I have **NOT received** Leave Encashment payment from any of previous employer/s.

OR

☐ I have received Leave Encashment payment from previous employers. The details of Leave Encashment received and claimed as tax exempt during the course of previous employment/s is as under -

Name of the Employer	Leave Encashment Received (in INR)	Leave Encashment claimed as tax exempt (in INR)
Total		

I request you to kindly consider the above, while allowing / computing taxability of leave encashment in my hands.

I abide by the above declaration and the consequence thereof arising out of this declaration.

Employee Name:

Employee Number:

Date:

Location:

(Employee Signature)