



Employers Certificate of Earnings

Part A - To be completed by EMPLOYEE:

Claim Ref:

Occupation:

NINo:

WORKS No. :

PLEASE PASS THIS FORM TO YOUR EMPLOYER FOR THEM TO COMPLETE PART B

Part B - To be completed by EMPLOYER:

Please complete this certificate and return it to your employee. If you have any query regarding the completion of this certificate please telephone the Benefits Section on 01905 722233. Thankyou.

How often is your employee paid? (please tick ✓): Weekly 2 Weekly 4 Weekly Monthly

Date Employment commenced		Average hours worked (weekly)	
Date of last pay rise		Date of next pay rise	
Method of payment (e.g. cash, cheque, direct to bank etc)		Do you provide payslips?	YES / NO

Please give details below of the last 5/6 weeks if paid weekly/fortnightly OR last 2 months if paid monthly or 4 weekly.

	WEEK/MON TH/ FORTNIGHT ONE	WEEK/MON TH/ FORTNIGHT TWO	WEEK/ FORTNIGHT THREE	WEEK FOUR	WEEK FIVE	OFFICE USE ONLY
WEEK / MONTH ENDING						
GROSS PAY	£	£	£	£	£	
OVERTIME	£	£	£	£	£	
STATUTORY SICK PAY	£	£	£	£	£	
STATUTORY MATERNITY PAY	£	£	£	£	£	
TAX CREDIT PAYMENTS	£	£	£	£	£	
INCOME TAX	£	£	£	£	£	
NATIONAL INSURANCE	£	£	£	£	£	
SUPERANNUATION	£	£	£	£	£	
PENSION CONTRIBUTIONS	£	£	£	£	£	

GROSS PAY YEAR TO DATE (TO WEEK / MONTH No.....)	£
INCOME TAX YEAR TO DATE (TO WEEK / MONTH No.....)	£
NATIONAL INSURANCE YEAR TO DATE (TO WEEK / MONTH No.....)	£
AVERAGE *WEEKLY/MONTHLY/ANNUAL BONUS IF NOT INCLUDED ABOVE *Please delete as appropriate	£

BUSINESS ADDRESS	OFFICIAL BUSINESS STAMP
TEL. NO.	

I confirm that the information I have given is true and complete to the best of my knowledge and belief.

SIGNATURE DATE

PRINT NAME POSITION IN FIRM