

Employer's certificate of earnings

Employee's name:

Employee's address:

 Postcode

Employee's payroll or staff number:

Employee's National Insurance number:

Letters Numbers Letter

Employer's name:

Employer's address:

 Postcode

Employer's telephone number:

Date employment began:

/ /

How many hours a week does your employee usually work?

Hours : Minutes

Method of payment:

In cash By cheque BACS / CHAPS Other

If this employee has had a recent pay rise, please state the date:

/ /

Please complete the table giving pay details for each of the last five weeks, if paid weekly, or the last two months, if paid monthly.

Date the pay period ends						
Total gross pay to date						
Gross pay for period						
Income tax for period						
National Insurance for period						
Pension contribution for period						
Working Tax Credit for period						
Other deductions for period						
Net pay for period						

Average weekly or monthly bonus if not included above (gross amount): £

:

Employer's signature:

Company stamp:

Date:

/ /

If a company stamp is not available, please provide a covering letter of company headed paper.

Return this certificate to your employee or post it to:

Shropshire Council, Revenues and Benefits, PO Box 4749, Shrewsbury SY1 9GH