

# CERTIFICATE OF EARNINGS



## TO BE COMPLETED BY EMPLOYEE

Name:
Address:
Works No:

This form should now be handed to your employer who should complete the details below and then hand the form back to you for return to:

The Benefits Section  
 South Ribble Borough Council  
 Civic Centre  
 West Paddock  
 Leyland PR25 1DH

## TO THE EMPLOYER

Will you please assist by supplying the information requested below and return it to your employee as soon as possible. If your employee is paid weekly, please give details of the wages paid for the last five weeks, three fortnights or two months, as appropriate. Details of overtime, commission, bonus payments, Statutory Sick Pay and Statutory Maternity Pay should be included.

Date started work:	Hours worked:
Position held:	Date of last pay rise:
Payment frequency:	National Insurance No:
Method of payment:	Tax Code:

Month/Week Fortnight Ending	Gross Pay	Tax Credit	Income Tax	National Insurance	Superann/ Pension	Other Deductions	Net Pay
<b>TOTAL</b>							

Date	Gross Pay to Date	Tax Credit	Income Tax to Date	National Insurance to Date	Superann/ Pension to Date	Other Deductions to Date	Net Pay to Date

If any bonuses/expenses are included or paid separately, please give details: \_\_\_\_\_

Please give details of any other deductions: \_\_\_\_\_

If any holiday pay is included in the figures above, please give the period from \_\_\_\_\_ to \_\_\_\_\_ and amount £ \_\_\_\_\_

Will the wages of your employee go up or down in the future? Yes  No  Don't know

EMPLOYER'S NAME & ADDRESS:	Employer's Stamp:
Post Code:	
I confirm the above information to be true and complete.	
Authorised signature	
Name:	Date:
Official Position:	Tel No.: