EMPLOYER'S EARNINGS CERTIFICATE

NOTES FOR PEOPLE WHO ARE APPLYING FOR BENEFIT.

You should fill in section 1 of this form, then hand it to your employer and ask them to fill in sections 2 and 3. Your employer must then return the form to you, as you are responsible for the information given and you should send it to us as soon possible. If both you and your partner work, you must fill in separate forms.

SECTION 1: You mu	ıst fill thi		′ou			
Name						
Address						
Payroll Number						
National Insurance Num	nber					
Occupation						
Your Signature				Date		
SECTION 2: Your e	mployer	must fill this	in.			
Employer's Name						Please sign this form
Business Address						and stamp it with the firm's official stamp.
Telephone Number						
Please give details of a	ບ ny wage ir	ncrease within	the last	12 month	 S.	
Date of increase					_	e details of how wages
Date increase was back	dated to				are paid.	
New hourly rate					Bank	
New hours worked ever	y week				Cash	
Date of increased or rechours	luced					
Your Signature				Date		

SECTION 3: To be filled in by the employer

There are three parts to this section. Please fill in the appropriate part and return the form to your employee.

3a	For employees who are paid every week or two weeks (varied earnings).			
	If your employee's earnings vary because of irregular overtime, bonuses and so on, please give their			
	earnings for the last 26 weeks (or less if they have not worked for 26 weeks yet).			

Period from:-	Period to:-	Total number of weeks		

Gross Pay including Statutory Sick-Pay and Maternity Pay	Statutory Sick Pay/Maternity Pay	Tax Paid	National Insurance Contribution	Superannuation Contribution
£	£	£	£	£

3b For employees who are paid every week or two weeks (regular earnings). Please complete for the last five continuous weeks.

Week Ending	Gross Pay including Statutory Sick-Pay and Maternity Pay	Statutory Sick Pay/Maternity Pay	Tax Paid	National Insurance Contribution	Superannuation Contribution
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£

3c For employees who are paid every month/4weeks.
Please complete for the last two continuous months/eight weeks.

Week Ending	Gross Pay including Statutory Sick-Pay and Maternity Pay	Statutory Sick Pay/Maternity Pay	Tax Paid	National Insurance Contribution	Superannuation Contribution
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£

Are wages paid every calendar month	four weeks	

Once completed by you and your employer please upload a scanned copy or digital image (photo) to; www.middlesbrough.gov.uk/bensupload

CUSTOMER SERVICE EXCELLENCE

Data Protection Act. Information used on form may be recorded, and used for other local Authority purposes. This information is stored and used under the Data Protection Act.