

# **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 must fill this in.

You

Name

Address

Payroll Number

National Insurance Number

Occupation

Your Signature

Date

### SECTION 2: Your employer must fill this in.

Employer's Name

Business Address

Telephone Number

Please sign this form and stamp it with the firm's official stamp.

Please give details of any wage increase within the last 12 months.

Date of increase

Date increase was backdated to

New hourly rate

New hours worked every week

Date of increased or reduced hours

Please give details of how wages are paid.

Bank

Cheque

Cash

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](http://www.middlesbrough.gov.uk/bensupload)**

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