



Scarborough Borough Council

PRIVATE AND CONFIDENTIAL HB Ref:

Certificate of Earnings - Claimant / Partner / Non-Dependant

Name: Occupation:

Address:

Please ask your employer to fill in details of your earnings if you are unable to provide payslips giving these details. When completed by the employer please return immediately to the Benefit Office at the address shown above.

Signature of Claimant/Partner/ Non Dependant:

TO BE COMPLETED BY THE EMPLOYER – Please help the applicant by completing the details as soon as possible and return this form to your employee. Thank you for your assistance.

Payroll/works number: National Insurance Number:

1. Is this employee contracted out of the Government pension scheme? YES NO
2. What date did the employee start work?
3. Please give date of the employee's last pay increase
4. How often is the employee paid (e.g. weekly, monthly etc.)
5. Method of payment used (cash, cheque, BACS etc.)
6. Please give the details listed below for the last 5 weeks or 2 months if salaried. Gross pay must be inclusive of all overtime, bonus, commission and other cash payments.

Week/Month Ending	Gross Pay	DEDUCTIONS FROM PAY Tax	N.I.	Pension	Net Pay

7. Please state number of hours normally worked in a week
8. Please state gross pay to date in your employment

Gross Pay £		Tax paid £		N.I. cont. £	
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Period from To Total number of weeks

I CONFIRM THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE.

NAME OF EMPLOYER / STAMP Telephone:

Address:

Signature: Position in firm: