

Employer's certificate of earnings

Please fill in this form to **confirm your employee's earnings where payslips are unavailable** and send it to:

Benefits Service
Cotswold District Council
Trinity Road
Cirencester
Gloucestershire
GL7 1PX

Date:
Claim reference number:

To the employee - If you have more than one employer, a separate certificate needs to be completed by each employer.

Please complete this section, sign the declaration and hand to your employer	
Full name	
Address and postcode	

I authorise you to provide this information to West Oxfordshire District Council

Your signature..... Date.....

The Council are the Data Controllers for the purposes of the Data Protection Legislation

We will only use your personal information in accordance with the Legislation and for the purposes of Revenues & Benefits. We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.

To the employer – Please help the employee by giving us the following information. Please note that gross pay should include any bonus, overtime or commission, etc.

Employer Details	
Employers name	
Employers address and postcode	
Contact telephone number	
Employee's earnings details	
Employee's occupation	
National insurance number	
Frequency paid (weekly, fortnightly, monthly)	
Payment method (cash, cheque, BACS)	
Date employment started	
Date of last pay rise & amount of pay rise	
Date of next pay rise & amount of pay rise	
How many hours do they work?	
Do they receive a bonus? If yes, how often and how much	
Is SSP or SMP included in their gross pay? if yes when did it start	

If paid weekly enter 5 periods. If paid fortnightly enter 3 periods. If paid 4 weekly or monthly enter last 2 periods.

	Pay period ending	Gross Pay	Tax	Nat.Ins	Pension	Gross pay to date	Nat. Ins to date	Gross tax to date
1								
2								
3								
4								
5								
	Totals							

Signed by..... Date.....

Position in company.....

Please use business stamp if available