

EMPLOYERS CERTIFICATE OF GROSS EARNINGS

PRIVATE AND CONFIDENTIAL

TO THE APPLICANT

Enter your name, occupation and works number on this form before handing it to your employer. When completed please return this to the Benefits Section. Further copies of this form are available.

Applicant's Name & Address	Is the employee contracted out of the National Insurance scheme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	OCCUPATION	<input type="text"/>	
	WORKS NUMBER	<input type="text"/>	

TO THE EMPLOYER

Mendip District Council would be grateful if you could complete this certificate and return it to your employee. Please give details below of the last 5 weekly, 3 fortnightly, 2 four weekly or 2 monthly earnings **AND the gross to date figures**. Thank you for your co-operation.

Employee's National Insurance Number	<input type="text"/>	Employee's Current Tax Code	<input type="text"/>
Please tick if paid:-			
Weekly	<input type="checkbox"/>	4 Weekly	<input type="checkbox"/>
Calendar Monthly	<input type="checkbox"/>	Fortnightly	<input type="checkbox"/>
Please tick if paid by:			
BACS	<input type="checkbox"/>	Cash	<input type="checkbox"/>
		Cheque	<input type="checkbox"/>

Date Employment commenced	<input type="text"/>
Average Hours Worked per Week?	<input type="text"/>
Date of last pay rise	<input type="text"/>
Date of next pay rise	<input type="text"/>

REMARKS Please indicate any week during which pay was lower or higher than normal because of sickness, bonus, pay rise etc. If figures provided are not representative please provide pay details for a longer period.

	Week/Month One	Week/Month Two	Week/Month Three	Week/Month Four	Week/Month Five	Gross to date	Office Use Only
Week/Month Ending							
Gross Pay <small>Inc. bonus, overtime, sick pay etc</small>							
National Insurance							
Income Tax							
Superannuation/Pension							
Tax Code Used							

Average Weekly/Monthly Bonus if not included above £

Signature Of Employer	OFFICIAL BUSINESS STAMP		
Business Address			
Telephone No.	Date		

All evidence must be ORIGINALS. Photocopies will not be accepted. Please refer to checklist on page 17 to see what evidence is required. Failure to provide this information within one calendar month may result in you not being entitled to benefit.