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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Certificate of Earnings** | | | | | |  | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | |
| Please return this form to: Benefits Section, Winchester City Council, City Offices, Colebrook Street, Winchester, SO23 9LJ | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Section 1 – to be completed by the claimant** | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | |
| Housing/Council Tax Reduction reference number | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Occupation |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Signature |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Section 2 – to be completed by the employer** | | | | | | | |  | | Information entered by anyone other than the employer/pay clerk will invalidate the certificate. | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Job title |  | | | | | | | | | | Payroll number | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| NI Number |  | | | | | | | | | | Date employment started | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Method of payment  e.g.cash/cheque/BACS |  | | | | | | | | | | Frequency of payment e.g. weekly/monthly | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Date of last pay  Increase |  | | | | | | | | | | Date of next pay increase | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Normal basic pay |  | | | | | | | | | | Normal hours worked | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Is employment for a  Fixed period? |  | Yes |  | | No | |  |  | | | If ‘yes’ when is it due to end? | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Pay period ending | Gross pay | | NI | | | | | Income tax | | | | | | Statutory sick pay/maternity pay | | Private pension | | | Net pay |
| 1 |  | |  | | | | |  | | | | | |  | |  | | |  |
| 2 |  | |  | | | | |  | | | | | |  | |  | | |  |
| 3 |  | |  | | | | |  | | | | | |  | |  | | |  |
| 4 |  | |  | | | | |  | | | | | |  | |  | | |  |
| 5 |  | |  | | | | |  | | | | | |  | |  | | |  |
| Gross pay to date |  | |  | | | | |  | | | | | |  | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | |
| Please include any overtime and bonuses etc. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Employer’s name and address | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| I can confirm that the information given is true and complete.  I understand that giving incorrect information or withholding information may mean that you could prosecute me. | | | | | | | | | | | |  | Employer’s stamp | | | | | | |
|  | | | | | | | | | | | |
| Print name: | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Signature: | | |  | Position: | | | | | | | | | | | |  | | Date: | |