

If you do not have payslips, please ask your employer to fill in this earnings certificate.

Reference number: _____
 Name: _____
 Address: _____

 Occupation: _____
 Works or clock number: _____

When you have filled this form in,
 please return it to:

Trafford MBC
 Benefits Section
 PO Box 65
 Sale
 M33 6BY.

Please ask the employer to fill in the details below.

Please help us by filling in this form and returning it to your employee. Please fill in the amounts for the last five weeks (if they are paid every week) or the last two months (if they are paid every month).

National Insurance number: Date started work: / /

Last date in week or month	Hours worked	Gross pay	National Insurance	National Insurance to date	Tax	Tax to date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gross pay to date £ Month or week number

1 When is the next pay increase due? / /

2 How do you pay this employee? Cash Straight into their bank account Cheque
 Other Please give details.

3 Do you make bonus payments? Yes No
 If 'Yes', how much and how often? £
 Every

4 What is their normal basic pay each week? £
 How many hours do they usually work each week?
 How many hours of overtime do they usually work each week?

Company details

What is the name and address of your company?

Company stamp

What is the phone number?

Employer's signature

Print name

