

PRIVATE & CONFIDENTIAL

Certificate of earned income

Employee: _____ LBE ref: _____
 Name National Insurance No: _____
 Address
 Employee / Works No
 Occupation:

To be completed by the employer

Please assist your employee by confirming the details above, providing the information below, and returning it to the address at the top of this form.

When did they start working for you? ____ / ____ / ____

Normal basic wage/salary £ _____ (please state gross figure)

Period covered for above, i.e. per week/ per month/ per annum _____

How often is the employee paid? [] Weekly () Fortnightly [] 4 weekly

(if other, please specify) [] Calendar monthly [] Other _____

How do you pay them?

(e.g. cash, cheque, direct to bank)

Normal hours worked per week

Any regular overtime or bonuses?

If available, gross pay for the last 5 weekly, 3 fortnightly or 2 monthly periods (including overtime, bonus, SSP, SMP etc.)

Pay period ending	"Roof" hours worked	Gross pay	Gross pay to date	NICs P/P	NICs Year to date	Occupational or personal pension	Paid P/P	tax paid Year to date

I confirm that the information given is true and complete.

Company stamp

Name:

Signature:

Position in firm:

Business name:

Business Address:

Business phone no:

If you do not have a Company stamp, please attach a letter on headed paper confirming the information on this form.