

PLEASE RETURN THE COMPLETED CERTIFICATE TO:

The Benefit Section, East Riding of Yorkshire Council, PO Box 12, County Hall, Cross Street, Beverley,
East Riding of Yorkshire HU17 9BD
Telephone: (01482) 393939

CERTIFICATE OF EARNED INCOME

PRIVATE AND CONFIDENTIAL

To be completed by employee

Name

Occupation

Address

Signature

Date

 / /

Claim Reference Number (If known)

To be completed by employer

I would be grateful if you could assist your employee by confirming the details above, providing the information requested below and returning it to the address at the top of this form

Please provide the National Insurance number for the employee

Letters	Numbers	Letter
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

Please provide the Tax Code for the employee

Please indicate (✓) if this job is a Government funded training scheme?

Yes No

If Yes, please state the name of the scheme

Please indicate (✓) the method of payment

Cash Cheque Direct into bank account

Please indicate the normal basic wage and normal hours worked by the employee

£ Normal basic wage Normal hours

Please indicate how (✓) often the employee is paid

Weekly Fortnightly 4 Weekly Calendar Monthly

Please provide the date of the most recent pay increase for the employee

 / /

Please provide the date that the employee started working

 / /

Gross pay for the last 5 weekly, 3 fortnightly, or 2 monthly/4 weekly period
(including overtime, bonus, SSP, SMP etc.)

Pay Period Ending	Number of Hours Worked	Gross Pay		SSP, SMP included in Gross Pay		Tax Paid by Employee		National Insurance Contributions		Superannuation or Pension Contribution		Net Pay	
Date	Hours	Pay this Period	Year to Date	Pay this Period	Year to Date	Pay this Period	Year to Date	Pay this Period	Year to Date	Pay this Period	Year to Date	Pay this Period	Year to Date
/ /		£	£	£	£	£	£	£	£	£	£	£	£
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/ /		£	£	£	£	£	£	£	£	£	£	£	£

Name

Business Name

Business Address

Business Telephone Number

I confirm that the information given is true and complete

Signature

Date

Position in Firm

Company Stamp

If you do not have a company stamp, please attach a company letterhead signed by the employer

**East Riding of Yorkshire Council will, on request, provide this document in braille or large print.
If English is not your first language and you would like a translation of this document, please telephone (01482) 393939.**