**Certificate of Earnings Form:**

*Please complete all boxes and then ask your employer to stamp*

|  |  |  |
| --- | --- | --- |
| **Claim number:** |  | |
| **Your Full Name** |  | |
| **Company Name:** |  | |
| **Hours worked per week:** |  | |
| **Date employment started:** |  | |
| **Type of pay:**  *Please circle as appropriate:* | Wages | Maternity pay |
| Sick pay | Private pension |
| **How often are you paid:**  *Please circle or state as appropriate:* | Weekly | Fortnightly |
| Monthly | 4 weekly |
| Other (please specify): | |

***Please complete the table below with details of your last four payslips. If you have just started working please provide expected earnings***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of pay** | **Gross pay** | **Tax Paid** | **National insurance contributions** | **Pension contributions** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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| --- |
| **Please stamp this box with your employers stamp to confirm the information is correct.** |