CERTIFICATE OF EARNINGS

Return the completed form to:
THE BENEFITS SECTION, MAIDSTONE BOROUGH COUNCIL
PO BOX 554, 13 TONBRIDGE ROAD, MAIDSTONE, KENT, ME16 8XH

CLAIM REFERENCE NUMBER:

NAME:
ADDRESS:

EMPLOYERS NAME:
ADDRESS:

Q1. Does your employee get paid during term time only?

If yes, please go to part C of this form
If no, please go to question 2 below.

Q2. Has the named person above been employed by you and have they received a minimum of either 5 weekly/ 3 fortnightly/ 2 four weekly/ 2 monthly paid wage slips?

If yes please complete part A of this form.
If no, please complete part B of this form.

PART A **To be completed by the employer**

Please complete the table below with pay details for the last 5 weekly, 3 fortnightly, 2 monthly or 4-weekly periods (including overtime, bonus, Statutory Sick Pay, Statutory Maternity Pay, etc). If Statutory Sick Pay or Maternity Pay is included in the gross pay please indicate this in the last column by stating how much.
Please tick the frequency of payments:

Weekly ☐ Fortnightly ☐ Four Weekly ☐ Monthly ☐

Date employee started work: …… Date of last pay increase: …….

Date of next pay increase:…… Method of payment: ……..

DATE PAID	GROSS PAY	INCOME TAX DEDUCTIONS	EMPLOYEE'S NATIONAL INSURANCE DEDUCTIONS	EMPLOYEE'S CONTRIUTIONS TO PENSION	HOURS WORKED	NET PAY	SSP/SMP IN PAYMENT

Please sign and date the declaration overleaf.

PART B **To be completed by the employer**

Please complete this section if your employee has recently started work or has returned to work following a period of absence or their normal pattern of earnings is due to change. Please complete the table below with your employee's estimated earnings.

Please tick the frequency of payments:

Weekly ☐ Fortnightly ☐ Four weekly ☐ Monthly ☐

Date employee started work: …… Date of last pay increase: …….

Date of next pay increase:…… Method of payment: ……..

ESTIMATED GROSS PAY	ESTIMATED INCOME TAX DEDUCTIONS	ESTIMATED EMPLOYEE'S NATIONAL INSURANCE DEDUCTIONS	ESTIMATED EMPLOYEE'S CONTRIBUTIONS TO PENSION	ESTIMATED HOURS WORKED	NET PAY	METHOD OF PAYMENT

Please sign and date the declaration at the bottom of this form.

PART C **To be completed by the employer**

Please complete this section if your employee is paid during term times only.

Date employee started work: …… Date of last pay increase: …….

Date of next pay increase:…… Method of payment: ……..

ANNUAL GROSS PAY	ANNUAL INCOME TAX DEDUCTIONS	ANNUAL EMPLOYEE'S NATIONAL INSURANCE DEDUCTIONS	ANNUAL EMPLOYEE'S CONTRIBUTIONS TO PENSION	ANNUAL HOURS WORKED	ANNUAL NET PAY	METHOD OF PAYMENT

Please sign and date the declaration at the bottom of this form.

It is important that this form is completed and returned to the Benefits Section, 13 Tonbridge Road, Maidstone, Kent, ME16 8 HG

If you would like advice on how to complete this form, please call our Benefits Contact Centre on 01622 602557.

DECLARATION

I confirm that the information I have given on this form is true and complete.

Employer Name (print): ……..

Employer Signature: ……

Position Held: ……

Date: ……

COMPANY STAMP