

Earnings Form



This form may be provided in large print, Braille or audio tape formats. If you need this form in any of these formats, please contact Hull Connect on 01482 300 303 and ask about Benefits Services form formats.

To be completed by YOU

When the form has been completed by yourself and your employer, take it to any Hull City Council Customer Service Centre or post it to us at -

FREEPOST RSJC-KKBE-ABXZ, Hull Revenues & Benefits, PO Box 15, HU1 2AB

Please fill in this page of the form and ask your employer to fill in page 2. If all the evidence is not provided or if it appears to be incomplete or incorrect, it may be necessary for us to contact your employer(s).

Name:

Reference Number:

Address:

Telephone:

Email:

Your Employer's Name

Your Employer's Address

Telephone Number

e-mail Address (if known)

Your place of work if different from your employers address

How are you paid?

By cash

By cheque

Into a Bank Account

Please Note:

If you have recently started work and your employer has given an estimate of your earnings, we will need to see proof of your actual earnings at a later date.

Earnings Form – To be completed by the **Employer**

Please give details of your employee's pay including any overtime, bonuses or other payments. We need details of the last five weeks if they are paid weekly, last three periods if they are paid fortnightly, or two months if they are paid four weekly or monthly, as well as their gross pay to date for this financial year. If they have just started work and you do not know the details yet, please give and estimate. Please ensure that the form is fully complete and returned to the employee **as soon as possible**. Thank you for your help.

Employee's Name Payroll Number National Insurance Number

How often is this employee paid? Please tick one box
 Weekly Two-weekly Four-weekly Monthly Other please state

Period Covered	From To	Period 1	Period 2	Period 3	Period 4	Period 5
• Hours worked						
• Basic Pay						
• Overtime						
• Bonus						
• Commission						
Travelling expenses to and from work or business						
• Holiday pay						
• Statutory sick pay						
• Statutory maternity pay						
• Other – please state						
Total Gross Pay						
Income Tax						
Employee N.I.						
Employee Pension Cont						
Other: Please state						

Gross pay to date at week or month no:	Gross Pay to date	Income tax to date	Employee NI to date	Employee pension to date	SSP or SMP to date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date started this employment Date of last pay rise

Declaration
 The information on this form is true and complete
 Date of next pay rise

Employer's signature

Position

Employer's full name

Date

Company's Official Stamp and telephone number

 Tel:

If you do not have a company stamp, please attach a letterhead