



Shetland Islands Council
Benefits
8 North Ness Business Park
Lerwick
ZE1 0LX

Claim Number:

Tel: (01595) 744682

EARNINGS CERTIFICATE

(You should only use this form if you are unable to provide payslips)

SECTION 1 To be completed by Claimant/Partner (Please delete whichever is not applicable)

Claimant's/Partner's or Non-Dependant's name: _____

Address: _____

Signature: _____ Occupation: _____

Payroll No: _____

SECTION 2 To be completed by Employer

Note: any writing other than that of the Employer/Pay Clerk will invalidate the certificate

I would be grateful if you could assist your employee by providing the information requested below and return to the address at the top of the page.

Please complete ALL sections

Date employment commenced:		Method of payment e.g. Cash/Cheque/BACS:	
Date of last pay increase:		Date of next pay increase:	
Normal basic wage Gross:		Normal hours worked	
Net:		Additional Income e.g. bonus	

This employee is paid:

Weekly please give last 5 pay details
Fortnightly please give last 3 pay details
 Other please give details: _____

4 – Weekly Please give last 2 pay details
 Calendar Monthly Please give last 2 pay details

PAY DETAILS:

Pay Period ending	Gross Pay	Nat. Ins. Contributions	Income Tax	Superann./Pensions
1.				
2.				
3.				
4.				
5.				
Gross to date				

Please confirm the Employee's National Insurance Number:

Employer's Name & Address

Employer's Stamp

I confirm that the information given is true and complete. I understand that giving incorrect information or withholding information may mean you could prosecute me.

Signature: _____ Date _____

Name: _____ (capitals please) Position in firm: _____