

Claim Reference Number		National Insurance Number	
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Telephone: 0115 718 4444
 Email: benefits.housing@nottinghamcity.gov.uk

Nottingham City Council
 Admail 4270
 Nottingham
 NG1 9YZ

Proof of Earnings

TO BE COMPLETED BY THE EMPLOYEE

Name:			
Address:			
Contact number:		Email address:	

FOR THE EMPLOYER

Please help your employee by giving all the information we have asked for below as soon as possible. Please give details of the hours they have worked for the last 5 consecutive weeks or 2 consecutive month.

Gross pay should include all bonus payments and commission. If the gross pay includes an allowance for necessary expenses, such as protective clothing or tools, please give details in the space below.

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Employee pay number or payroll number	
National Insurance Number	

How do you pay them?

Cash		Cheque		Into an account		Account Ref:		Other	
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How often do you pay them?

Weekly		Fortnightly		Monthly		Every 4 weeks		Other	
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Gross pay for the las 5 weekly, 3 fortnightly or monthly periods (Including overtime, bonus, SSP, SMP, tips)
 For how we use your information, visit <https://www.nottinghamcity.gov.uk/privacy-statement>

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Pay Period Ending	Number of hour worked	Gross Pay		Tax paid by employee		N.I Contributions		Occupational pensions or personal pension contributions
		Period	YTD	Period	YTD	Period	YTD	

(if statutory Sick Pay or Maternity Pay is included in the gross pay, please indicate clearly how much

Taxable pay this year	
Period Start date	
Period End date	
Details of necessary expenses	
Date their employment started	
Date employment is due to finish	
How many hours do they usually work	
Date if last pay rise	
Date of next pay rise	

Is your employee in receipt of SSP or SMP?

If yes, please state from what date they started to receive these payments

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Thank you for completing this form on behalf of your employee. All information given will be kept confidential. Please complete the following section with your details and return the form to address at the top of the form.

Name	
Business Name	
Business Address	
Business Tel. No.	

I declare that to the best of my knowledge the information provided is true and complete.

I understand that if I give incorrect or incomplete information I might be prosecuted.

Signature		Print name	
Position in firm		Date:	

Please endorse with your business stamp.

If there is no official stamp, please provide a supporting letter on headed paper.

Official Stamp
