Housing Benefit & Council Tax Benefit - Certificate of evidence for your earnings

Benefits & Council Tax Team, PO box 18015, Glenrothes, Fife, KY7 5YJ

PART A

TO BE FIL	LED IN BY	THE EMPLOY	YEE					
YOU			II					
Name :	•••••							
Address:				•••••				
Employee wo	orks number		N	ational Ins	surance Nu	ımber		
							ide the inform	nation asked for in part B
Occupation .			Sig	nature				
PART B								
		THE EMPLOY						
I would be gi	rateful if you co	uld help your em	ployee by con	npleting th	he following	g informat	ion as requ	ested and return to
		s form or direct eekly, three fortn			four weekly	, pariod (i	ncluding ov	artima hanus
Statutory Sic	k pay, Statutory	Maternity pay ar	nd so on).	officially Of a	our weekiy	period (ii	ilciuding ov	er diffe, bolius,
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DATE	WORKED	PERIOD	10 DATE	PER	TOTAL	PER	TOTAL	PER PAY
				PAY	TO DATE	PAY	TO DATE	
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If Statutory S	Sick Pay or Mate	ernity Pay is inclu	ded in the gro	ss pay, ple	ease indicat	e which &	how much	
PART B C	CNITINUIED	OVEDLEAS	· ·					
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If Statutory Sick Pay or Maternity Pay is included in the gross pay, please indicate which & how much.

PART B CONTINUED

Please say how often the employee is paid.							
Every week							
Please say the method of payment, for example, Cash, cheque or direct into bank account. Normal Normal wage worked							
When is the next pay rise due ?							
Employers Name EMPLOYER'S OFFICIAL STAMP							
Business Name							
Business Address							
Business Phone Number							
Signature							
Date							
PART B CONTINUED							
Please say how often the employee is paid.							
Every week							
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