

City of Bradford Metropolitan District Council

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EMPLOYERS CERTIFICATE - PRIVATE & CONFIDENTIAL

Employee's name	
Employee's address	
National Insurance Number	
Benefits Reference Number	

NOTE TO EMPLOYER

Please assist the above named person by supplying the information requested below as soon as possible. Please return to either your employee or Bradford Council Benefits Service, Britannia House, Hall Ings, Bradford, BD1 1HX.

Occupation		Works/Clock No	
National Insurance No		Tax Code	

We require details of the wages for the last 5 weeks or 2 months whichever is appropriate, if these are not available because your employee has just started working for you please provide details of the weeks/months they have worked and an estimate of future weeks or months.

Method of Payment (please tick)		Cash		Cheque		Direct into Bank/Building Soc a/c		
Frequency of Payment (please tick)		Weekly		Fortnightly		4 weekly	Calendar Monthly	
Week/Month Ending	Gross Wage Include bonus, overtime, SSP/SMP	Income Tax	National Insurance	Pension	Working Tax Credit Payment	Other Deduction	Net pay	Estimated earnings? yes or no
1								
2								
3								
4								
5								
TOTAL	£	£	£	£	£	£	£	

Are these the employee's normal earnings Yes No

If NO please state reasons

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Normal weekly hours worked		Date hours last changed	
Gross earnings to date	£	as at	(date) Week/Month No
Gross tax to date	£	Gross Nat. Insurance to date	£
Date employment started		Date of last pay increase	
Hourly rate	£		

Employer's name and address:
Telephone number:

Employer's Stamp
Date

I confirm that the information given is true and complete
Signature
Position in Firm
Date

PLEASE ENSURE THAT THIS FORM IS SIGNED/STAMPED AND YOUR CONTACT INFORMATION IS FULLY COMPLETED AS WE MAY NEED TO CONTACT YOU TO VERIFY OR DISCUSS THE CONTENT OF THIS FORM