

City of Bradford Metropolitan District Council

www.bradford.gov.uk

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. IF YOU HAVE AGREED WITH YOUR EMPLOYEE TO RETURN THIS DIRECTLY ON HIS/HER BEHALF, PLEASE RETURN TO BRADFORD COUNCIL BENEFITS SERVICE, BRITANNIA HOUSE, HALL INGS, BRADFORD, BD1 IHX.

Occupation		Works/Clock No	
National Insurance No		Tax Code	

Please give details of the wages for the last 5 weeks or 2 months (whichever is applicable)

Method of Payment (please tick)	<input type="checkbox"/>	Cash	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Direct into Bank/Building Soc a/c	<input type="checkbox"/>
Frequency of Payment (please tick)	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Fortnightly	<input type="checkbox"/>	4 weekly	<input type="checkbox"/>
						Calendar Monthly	<input type="checkbox"/>
Week/Month Ending	Gross Wage Include bonus, overtime, SSP/SMP	Income Tax	National Insurance	Pension	Working Tax Credit Payment	Other Deduction	Net Pay
1							
2							
3							
4							
5							
TOTAL	£	£	£	£	£	£	£

Are these the employees normal earnings Yes No
 If NO please state reasons

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

Employer's name and address:

 Telephone number:

Employers 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