

Statement of Earnings Form

Section 1 to be filled in by the employee:

Name:

Address:

Employee/Work Number:

Occupation:

Section 2 to be filled in by the employer:

National Insurance Number: Letters Numbers Letter

Date the employee started work at the company: / /

Date the employee stopped working (if this applies): / /

Normal weekly hours worked:

How is the employee paid?
(For example bank transfer, cheque, cash)

Normal basic wage: £

How often is the employee paid? Every week Every 2 weeks Every 4 weeks
 Every month Other – please give details

Date of last pay rise: / /

Approximate amount of pay rise: £ every

Date the employee's hours increased: / /

Date the employee's Statutory Sick/Maternity Pay started: / /

Date the employee's Statutory Sick/Maternity Pay ended: / /

Please turn over and fill in the rest of this form.

The employer must fill in this section.

Please show the employees gross pay (before deductions) for the appropriate payment period, for example, every 5 weeks, every 3 fortnights or every 2 months.

Date that pay period ended	Hours worked	Gross pay Include overtime, commission and so on	Gross pay to date	Statutory		Tax paid	Tax paid to date	National Insurance contributions	National Insurance contributions to date	Superannuation
				Sick pay	Maternity pay					

Tips

Amount paid: £

Period of payment:

How often is it paid? £

I confirm that the information I have given is true and complete:

Name of person completing the form:

Position:

Business name/address/telephone no:

Signed by:

Date: / /

Please endorse with the employers authorisation stamp