

BE11	Claim ref:
Date of issue:	

OPENING TIMES

Monday - Thursday : 8.45am to 5.10pm Chichester District Council

Friday 8.45am to 5pm

TEL: 01243 534509

FAX: 01243 521234

E-mail: benefits@chichester.gov.uk



Private and Confidential

Employers Certificate.

To be completed by the employee. Please complete this section and then hand it to your employer.

Name:	
Address:	
Telephone number:	Postcode:
Employee/Works Number:	
Occupation:	
National Insurance Number:	
Signature:	

To be completed by employer. *I would be grateful if you could assist your employee by confirming the details above, providing the information requested below and completing the details overleaf. Please return this form direct to the Revenue Services Section.*

Please state the date the employee started work? / /

Please indicate how often the employee is paid?

Weekly **Fortnightly** **4 Weekly** **Monthly**

Please indicate the method of payment, *e.g. cash, cheque, direct into bank account.*

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Employees normal basic wage £

Normal hours worked

Do you expect this employment to last more than five weeks? Yes No

Is overtime paid? *Please write Yes or No*

Is it regular? Please write Yes or No

Do you pay a bonus? Please write Yes or No

If yes when

Do you pay commission? Please write Yes or No

If yes when

Do you pay tips? Please write Yes or No

If yes when

Date of last pay rise

Date next pay rise expected

To be complete by the employer.

Gross pay for the last 5 weekly, 3 fortnightly, or 2 monthly period (including overtime, bonus, SSP, SMP etc.)

***P/P-Present Period**

***YTD-Year to date**

If Statutory Sick Pay or Maternity Pay is included in the gross pay, please indicate in figures.

Pay period	No. of hours worked	Gross Pay		N.I contributions		Pension Contribution		Tax paid by employee	
		P/P*	YTD*	*P/P	*YTD	*P/P	*YTD	*P/P	*YTD

Employers name and address:

Business telephone number:

Employers authorisation stamp:

I confirm that the information given is true and complete

Signature:

Position in firm: