

Statement of earnings

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Please ask your employer to fill in this form, stamp it with their stamp and return it to you.
If you are a member of her Majesty's Forces, please use page 3 of this form instead.

To the employer Do not use correction fluid on this form. Please put your initials by any corrections you make. Our reference _____

Employee's details

Name of employee: _____ Occupation: _____
Date of birth: ____/____/____ National Insurance number: _____
Date the employee started working for you: ____/____/____ Clock or payroll number: _____

Earnings

Please state below the gross earnings including overtime, bonus or commission received during each of the last 3 complete calendar months (starting with the most recent). If the employee is paid weekly please treat a month as a period of 4 weeks and provide details for each of the last 4 weekly periods.

Please state whether the figures below are for a calendar month or 4 week period

	Month 1 (most recent)	Month 2	Month 3
Gross Earnings			
Tax Deducted			
National Insurance			

If the employees earnings stated above show any monthly variations please state reason i.e. exceptional overtime sickness other reasons 4 Please give details:

Normal hours worked each week: _____ hours. Tax code: _____

Are any of the following changes expected to occur in the next 12 months:

4 please tick relevant boxes if the client is due to

- receive a lump sum bonus or commission, state amount £ _____; date ____/____/____
- receive a pay rise, state amount £ _____; date ____/____/____
- return to work after period of sickness or maternity leave, state return date (if known) ____/____/____
- other, please state nature of change _____; date ____/____/____

Benefit in kind

Does the employee receive any benefits in kind in addition to the gross earnings stated above?

- No: please go to the next section Yes: Please tell us

The type of benefit received _____ Annual taxable value of benefit £ _____

Details of current time off

Is the employee off work at the moment? (Do not include holidays if the employee is paid for these)

No: please go to the next section

Yes: Please tell us

Date the employee was first off: ____ / ____ / ____ Date expected to return to work: ____ / ____ / ____

The employee's normal monthly earnings £ _____

Employer's stamp

(place stamp below or
attach other proof of
business name and
address)

Signature: _____

Name: _____ (in block capitals)

Job title: _____

Phone number: _____

Date: ____ / ____ / ____

Please return this form to the employee. Thank you for your help.

HM FORCES - STATEMENT OF EARNINGS

Only use this side of the form if you are a member of her Majesty's Forces. Give this form to the Pay Office and ask them to fill it in.

To the Pay Office

Our reference _____

4 Do not use correction fluid on this form. Please put your initials by any corrections you make.

Employee's details

Name of employee: _____

Service number: _____

Income

Employee's pay (Before National Insurance and so on) £ _____ every _____

Pay rises (Give dates and percentages of any pay rises the employee will get during the next 12 months)

a) Date: ____ / ____ / ____ Amount _____ %

b) Date: ____ / ____ / ____ Amount _____ %

Allowances and deductions

Allowances every _____	Deductions every _____
Local overseas allowance: £ _____	Accommodation charges _____
4 If this allowance is paid at the unaccommodated rate, give the equivalent accommodated rate	Overseas facility charges _____
Excess rent allowance £ _____	Quartering charges _____
London allowance £ _____	Food charges _____
Separation allowance £ _____	National Insurance _____
Overseas child benefit £ _____	Income Tax _____

Any other deductions
4 please give details

Education allowance £ _____ every _____ term _____

Total £ _____ Total £ _____

I confirm that these are the rates of pay and allowances for the employee named above.

Pay office stamp

Signature: _____

Name: _____
(in block capitals)

Job title: _____

Phone number: _____

Date: ____ / ____ / ____

Please return this form to the employee. Thank you for your help.