

To be completed by employee. (in BLACK PEN only)

Name

Address

Employee/Works number

National Insurance number

Occupation

Signature

Date

To be completed by employer. (in BLACK PEN only)

I would be grateful if you could assist your employee by confirming the details above, providing the information requested below and returning it to the address at the top of this letter. **Date employee started working for you**

Please indicate how often the employee is paid. If **other** applies please give the period.

Weekly

Fortnightly

4 Weekly

Calendar Monthly

Other

(please specify)

Please indicate the method of payment eg Cash, Cheque, Direct into bank account

Normal basic wage

£

Normal hours worked

Gross pay for the last 5 weekly, 3 fortnightly, or 2 monthly/4 weekly, period (including overtime, bonus SSP, SMP etc)

Pay Period ending	No. of hours worked	Gross Pay	Gross pay to date	Tax paid by employee		National Insurance Contributions		Occupational pension or personal pension Contributions
				P/P	YTD	P/P	YTD	

If Statutory Sick Pay or Maternity Pay is included in the gross pay please indicate clearly which and how much.

Name

Business Name

Business Address

Business Tel No

I confirm that the information given is true and complete.

Signature

Position in firm

Employers Stamp

Date