



**Shetland Islands Council**  
**Finance**  
**Charlotte House**  
**Commercial Road**  
**Lerwick, ZE1 0LX**

**Claim Number:**

**Tel: (01595) 744682 (Direct Line)**

**EARNINGS CERTIFICATE**

(You should only use this form if you are unable to provide payslips)

**SECTION 1 To be completed by Claimant/Partner** (Please delete whichever is not applicable)

Claimant's/Partner's or Non-Dependant's name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Occupation: \_\_\_\_\_

Payroll No: \_\_\_\_\_

**SECTION 2 To be completed by Employer**

**Note:** any writing other than that of the Employer/Pay Clerk will invalidate the certificate

**I would be grateful if you could assist your employee by providing the information requested below and return to the address at the top of the page.**

**Please complete ALL sections**

Date employment commenced:		Method of payment e.g. Cash/Cheque/BACS:	
Date of last pay increase:		Date of next pay increase:	
Normal basic wage Gross:		Normal hours worked	
Net:		Additional Income e.g. bonus	

**This employee is paid:**

**Weekly**  please give last 5 pay details  
**Fortnightly**  please give last 3 pay details  
**Other**  please give details: \_\_\_\_\_

**4 – Weekly**  Please give last 2 pay details  
**Calendar Monthly**  Please give last 2 pay details

**PAY DETAILS:**

Pay Period ending	Gross Pay	Nat. Ins. Contributions	Income Tax	Superann./Pensions
1.				
2.				
3.				
4.				
5.				
Gross to date				

Please confirm the Employee's National Insurance Number:

Employer's Name & Address

Employer's Stamp

I confirm that the information given is true and complete. I understand that giving incorrect information or withholding information may mean you could prosecute me.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ (capitals please) Position in firm: \_\_\_\_\_