Certificate of Earnings

Title   Customer Name

DOB   NINO   Notes

TEL

Email

Customer Address

Date Form Started 08/02/2017 14:46:12

Date of E-signing

Date Submitted 8/2/2017 14:49:49

Data Validation Ref GSMX7JYQMV3H3

Occupancy type

Advisor Name (who started form)

Sarah Lane

Advisor Department

Control Team

Form Filename

Form Reference

Claim Reference   V1

23/07/2008

Housing Benefit and Council Tax Reduction - Certificate of earnings
Private and confidential

Use this form if you, your partner or any other adult who lives with you cannot provide payslips for their work. Please return the completed form to:

To be filled in by the employee

Your name

Your employee or works no.

Address

Your National Insurance no.

Your job

Your confirmation

Postcode

Claim Reference number (if known)

To be filled in by the employer

I would be grateful if you could help your employee by filling in the details below and returning the form to them.

If you hold a National Insurance number which is different to that shown above, please state it in the box below.

National Insurance number

Please tick the correct box to show how often the employee is paid. If 'Other' applies, please state the period.

Every week ☐   Every two weeks (fortnightly) ☐   Every four weeks ☐   Every calendar month ☐

Other (please give details)

Please describe how you pay the employee (for example, cash, cheque, direct into bank account).

Normal Basic Pay   Normal Hours Worked

Pay details for the last five weeks, three fortnightly, two calendar months or four weeks. (Include overtime, bonus, SSP, SMP and so on).

Pay Period Ending	Number of hours worked	Gross pay (before deductions)	NI contributions	Occupational or personal pension contributions	Tax paid by employee	
Year to date						

Please say here if Statutory Sick Pay or Statutory Maternity Pay is included

Your name

Your business name

Your business address

Your business phone number

Postcode

I confirm the information given is true and correct

Your signature

Please place the business' authorisation stamp here

Your position in the business

Victoria Forms

E-Form Status Page - for official use only

Case Overview

Form file name: _____ Current Date: 08/02/2017 14:50:06

Form data set reference: _____ Date From: _____

Has been E-Signed: ☐ Date/Time E-Signed: _____

Date/Time Submitted to main server: 8/2/2017 14:49:49 Data Validation Reference: GSMX7JYQMV3H3

Date/Time Submitted to external server: _____ Date/Time form Started: 08/02/2017 14:46:12

Automatic Email

Receipt Email Address: _____ Notification Email Address: _____

Receipt Email Subject: _____ Notification Email Subject: _____

Receipt Email Message: _____ Notification Email Message: _____

Case Notes

Form History

8/2/2017 14:49:49 | Submitted | Sarah Lane (sarahl, 2, Control Team) | Certificate of Earnings Form (1.0).wdf, 48054, Benefit Department Forms, new | Ref: 048054-70208-CJ19HYY

8/2/2017 14:49:49 | Submitted | Sarah Lane (sarahl, 2, Control Team) | Certificate of Earnings Form (1.0).wdf, 48054, Benefit Department Forms, new | Ref: 048054-70208-CJ19HYY

Form Database

Primary Record ID: _____ Secondary Record ID: _____

Department Name: _____ Form Status: _____

Department Classification: _____

Department Case Reference: _____ Search Field 3: _____

Date Record Started: _____

Date Last Modified: _____

Current User

Title: _____ Surname: _____ First Name: _____

Tel No: _____ Expert user features for this form: all

User Record Id: _____ User Classification: _____

System Data

Pages active with dynamic paging: _____

Data Locked for Editing: _____ Date of offline forms creation: _____ Enable high-quality print (WDF): ☐

Type of form - ufx, wdf or txt: _____ PFWAGES If TXT - Optimised for screen-readers: ☐ Enable top controls on opening: ☐

Start page for expert users: _____

Form Design Settings

Dynamic paging enabled ☐ Use page titles for page menu [X] ESigning is available ☐ After Esigning - go to page number? _____

Pages with forced error checking: _____

Pages that override forced error checking: _____

Last visible page: Unregistered users: 2 Registered users: 2 Expert users: 2 Overide for TXT version _____

Default branding file: _____ e.g. 'UK Revenues & Benefits Branding (1.0)'

Shared Data Dictionary: _____ e.g. 'Victoria Forms UK Government Data (1.0)'

HTML pages within WDF: _____ Page no for thumbnail _____