

Confirmation of Earnings Form

You must fill in this section

Please fill in your pay number, sign and date the form and then pass it to your employer who will fill in the necessary details.

Name		Case Ref.	
Address		UPN	
		Received by	
		Date	
Pay Number			

I give you permission to confirm the income I have earned for the last five weeks, three fortnights or two months and give the information to **The Benefits Section, Gateshead Council, Civic Centre, Regent Street, Gateshead, Tyne & Wear, NE8 1HH.**

In accordance with General Data Protection Regulations 2018, Gateshead Council will use any personal data to process your application. We may also share this data with other council services or public organisations if required by law to do so. Your personal data will only be used in respect of your claim and not for marketing purposes or passed to third parties. To read how we will use your information, please view our full privacy notice, at www.gateshead.gov.uk/data-protection.

Your Signature		Date	
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Your employer must fill in this section

Please fill in this section, giving details of your employee's pay for the last five weeks, three fortnights or two months.

Pay period	Gross earnings (before deductions)	Tax	National Insurance	Superannuation or pension contributions	Statutory Maternity Pay (not included in gross earnings)	Statutory Sick Pay (not included in gross earnings)
From						
From						
From						
From						
From						

Please give details of any changes in earnings within the last six months (such as a pay rise, loss or gain in overtime or any bonus).

Please note that the employer must stamp this form with an official stamp, or attach a signed or stamped compliment slip or letter headed paper. If none of these can be provided, evidence must be provided to allow us to establish that the person who has completed the form is the employer (For example, self employed books, invoices, accounting statements). If the business is in Gateshead, we may be able to check your signature with that held on your business rate records. Please provide the address of the business to allow us to do this

Your official stamp:	Your business address		
	Your signature		Date