

### Pay Form - to be completed by the employer

Please give details of your employee's pay including any overtime, bonuses or other payments. We need details for the last five weeks if they are paid weekly, or two months if they are paid monthly, as well as their gross pay to date for this financial year. If they have just started work and you do not know the details yet, please give an estimate. Please ensure that the form is **fully completed** and returned to the employee. Thank you for your help.

Employees Name

Payroll number

National Insurance Number

How often is this employee paid?

Weekly

Two-weekly

Four-weekly

Monthly

Other

	Period covered	Hours worked	Total Pay	Income Tax	Employee National Insurance	Employee Pension Contribution	Statutory sick or Maternity Pay
	From                      To						
Period 1							
Period 2							
Period 3							
Period 4							
Period 5							

	Gross pay to date	Income tax due to date	Employee National Insurance to date	Employee Pension contribution to date	SSP or SMP to date
Gross pay to date at week or month no.					

Employers signature

Position

Employers full name

Date

Firms official stamp and telephone number

**Harrow Council**  
**Financial Services - Housing Benefits**  
**PO Box 730, Civic Centre, HA1 2DU**

**Pay Form to be completed by you**

Please fill in this side of the form and ask your employer to fill in the other side. When the form has been completed, please send it to us at the above address.

**Do not delay in sending us your claim form.** You can send your claim form as soon as you have filled it in and send this payform to us later. If you and your partner both work or you have more than one job, please phone us to ask for another pay form. Our phone number is on the claim form.

Your name

Your employers name

Your address


Your employers address


How are you paid?

By cash

By cheque

Into a bank account

Your place of work (if different to your employers address)

--