

Case File No: .....

**CERTIFICATE OF LOSS OF EARNINGS**

To:

Name and address of Employer

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Your employee is required to attend Court for an Oral Hearing on \_\_\_\_\_

Please complete all parts of the certificate below and return it to your employee who should bring it to the hearing.

**I Certify**

1. That for each day \_\_\_\_\_ is required to attend the Hearing a net Deduction of £\_\_\_\_\_ (in words) \_\_\_\_\_ a day will be made from his/her earnings.
2. The net hourly rate of pay for \_\_\_\_\_ is £\_\_\_\_\_ (in words) \_\_\_\_\_
3. That \*he/she works \_\_\_\_\_ days per week, if less than 5 full days per week, please specify days worked and whether full or part days \_\_\_\_\_
4. That \_\_\_\_\_ \*will not/will be permitted to return to work on any day that \*he/she is not required to attend the Hearing.
5. That \*he/she \*will/will not be permitted to return to work on any half day that \*he/she is not required by the Hearing.

\*Delete as appropriate

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

Title: \_\_\_\_\_

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

Company Stamp

**OH 8**