

File No: _____

CERTIFICATE OF LOSS OF EARNINGS

This form should be given to your employer for completion following your attendance at an oral hearing if you are claiming 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. The *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 days that *he/she is not required by the Hearing.

*Delete as appropriate

Signature: _____

Title: _____

Date: _____

Company Stamp

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