

**Session 2018-2019 Part-time Fee Grant (PTFG) application -  
Employer certification of income (PT1B)**

**Part A - to be filled in by you**

First name

Last name

Learning Provider

Part-time fee grant reference number

Date of birth

Name of employer

Your job title

**Part B - to be completed by your employer**

Please provide details of the above employee's gross earnings as shown on their last 3 payslips.

	Pay date (dd/mm/yyyy)	Gross earnings for period
Period 1		
Period 2		
Period 3		

Frequency of payments:    weekly        fortnightly        four weekly        monthly   

I can confirm that the information given above is true and correct to my knowledge

Name

Job title

Company stamp (alternatively please provide a business card or letter on company headed paper with your company's address and contact details and attach this to the form).

Signature \_\_\_\_\_

date