

FORM BUR 3 – EMPLOYER’S CERTIFICATE

This form should only be completed by the Employer if a P60 is not available and should accompany the Funding Application Form.

Student’s Name: Date of Birth:

Mother/Spouse/Partner/Legal guardian
(IN BLOCK LETTERS)

Address:

Occupation:

Works no.:

To the Employer:

Please provide details of the gross total income for the above named for the year ending 5 April 2020.

If employed for less than 12 months, provide their start date:

Total gross income (prior to the deduction of superannuation, Income Tax, etc.) in employment £

Total taxable benefits received in employment £

Total gross pay in respect of previous employment(s) £

Total gross pay for year to 5 April 2020 £

Official Stamp

Employer’s Signature

Date