

EMPLOYEE SSP1 INFORMATION

Part A About your employee

Surname or family name

Mr Robert Redford

Other names

Address

777 Lucky Street
Network House
Epsom
County
BR5 6BP
United Kingdom

National Insurance (NI) number

AB123456C

Clock, payroll or employee

7

Tax Reference number

635PJ76543210

This is also known as the
Employer PAYE reference.

Part B Why you cannot get Statutory Sick Pay (SSP)

I am filling in this form because

I cannot pay you SSP on or after

27 / Oct / 202y

I have ticked the boxes below to tell you why you cannot get SSP.

I cannot pay you SSP because

A You can claim a social security benefit again that you claimed before because of an illness or disability.

B Your contract of employment is for a fixed period and has ended.

C Your contract of employment has been brought to an end.

D You will soon have been getting SSP for 28 weeks or you have had SSP for 28 weeks.

E Your average earnings before your illness or disability were not high enough.

F You are expecting a baby soon or you have just had a baby.

G You have been sick on and off for more than 3 years.

H You were away from work because of a trade dispute which started before the first day you were sick.

I You were in legal custody or you were serving a term of imprisonment when you became sick.
Or you are now in legal custody or have been sentenced to a term of imprisonment.

J You were working outside the UK on the day you first became sick and I was not liable to pay employer's Class 1 NI Contributions on your earnings on that day.

K You have not started working for me yet.

Part C Medical certificates

Please send this form to your employee with any medical certificates you have which cover a period you cannot pay SSP for.

Medical certificates are also called sick notes or doctor's statements.

Tick one of the following boxes

I have enclosed Medical Certificates that cover a period I cannot pay SSP for.

I have **not** enclosed Medical Certificates.

Part D Employer's declaration

I **declare** that the information I have given on this form is correct and complete as far as I know and believe.

I **understand** that if this employee has been getting SSP, I must continue to pay SSP up to and including the date I have written **on page 2** of this form.

Employer's Name	Demo Employer Limited
Signature	
Date	30/03/202y
Position in firm	
Phone number	0123456789
Fax number	
Email address	
Address	777 Lucky Street Network House Epsom County BR5 6BP United Kingdom
Business Stamp	