## **Appendix IX: Seasonal Employment Verification**

## **Seasonal Employment Verification Form**

Seasonal employees are required to provide **12 months of income documentation**. If pay stubs are not available, the employer **must** complete the information below.

Household members who work on a 12-month contract but will be paid over a period of less than 12 months or are **employees** hired into a position for a short term. They are mostly part-time or temporary workers helping with increased work demands or **seasonal** work arising in different industries.

Local Energy Assistance Provide	r Contact Information:	
Employee Name:		Date:
Employee Signature:		
Occupation:		
**To.1	be completed by the Employer (	>!**
**To be completed by the Employer Only**  Please complete the below information, sign and return to the agency listed above.  Your assistance is appreciated.		
Date employment began:	Date first paycheck issued:	
Date employment ended (if applic	cable):	
Date last paycheck was issued:_	Gross amount of last pay:	
Provide the information below for the last 12 months from the date above or attach a separate document to this form.		
Date issued:	Gross pay amount:	Medical/Child Support/Dental/ Vision/HSA Deductions:
Employer Name (print):		
Employer Signature (required):	Date:	
Employer Name (print):	Contact Phone Number:	