

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 Provider Contact Information: _____

Employee Name: _____ Date: _____

Employee Signature: _____

Occupation: _____

****To be completed by the Employer Only****

Please complete the information below, sign and return to the agency listed above.
Your assistance is appreciated.

Date employment began: _____ Date first paycheck issued: _____

Date employment ended (if applicable): _____

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 separatedocument to this form.

Date issued:	Gross pay amount:	Medical/Child Support/Dental/ Vision/HSA Deductions:

Employer Name (print): _____

Employer Address: _____

Employer Signature (required): _____ Date: _____

Employer Name (print): _____ Contact Phone Number: _____