Appendix VII: 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 that help out with increased work demands or **seasonal** work that arise in different industries.

Local Energy Assistance Provider Contact Information:

Employee Name:	Date:	
Employee Signature:		
Occupation:		
Business Name (please print):		
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 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 separate document to this form.

Date issued:	Gross pay amount:	Medical/Child Support/Dental/ Vision/HSA Deductions:
Employer Address:		
Employer Signature (required):	Date:	
Employer Name (print):	Contact Phone Number:	