

## Community Action Wayne/Medina Administrative Offices: 905 Pittsburgh Avenue, Wooster Ohio 44691 330.264.8677 FAX 330.264.5170

Medina Office: 232 Northland Drive (lower level). Medina Ohio 44256 330.723.2229 FAX 330.723.5418

## **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 Signature: \*\*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. Medical/Child Support/Dental/ Gross pay amount: Date issued: Vision/HSA Deductions: Employer Name (print): Employer Address: Employer Signature (required): \_\_\_\_\_\_\_Date: \_\_\_\_\_\_

Employer Name (print):\_\_\_\_\_\_Contact Phone Number: \_\_\_\_