



Phone 1.513.970.6737 • Fax 513.932.0502

### SEASONAL EMPLOYMENT VERIFICATION

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: **513-970-6737** press option 4 for a call back

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Please complete the below information, sign and return to the agency or via listed employee. 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 Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Employer Name (print) \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Verified by \_\_\_\_\_ Date \_\_\_\_\_