

## Community Action Wayne/Medina

Medina Office: 232 Northland Drive (lower level), Medina Ohio 44256

330.723.2229

FAX 330.723.5418 330.661.1027 FAX 330.264.0391

## **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.

Lodi Office: 110 Highland Drive, Lodi Ohio 44254

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 Co	ntact Information:		
Employee Name:		Date:	
Employee Signature:			
Occupation:			
**To	be completed by the Employer (	Only**	
Please complete the bel	ow information, sign and return to Your assistance is appreciated	0 ,	
Date employment began:	Date first paycheck issued:		
Date employment ended (if applicab	ole):		
Date last paycheck was issued: Gross amount of last pay:			
Provide the information below for the to this form.	ne last 12 months from the date a	bove or attach a separatedocument	
Date issued:	Gross pay amount:	Medical/Child Support/Dental/ Vision/HSA Deductions:	
Employer Name (print):			
Employer Address:			
Employer Signature (required):		Date:	
Employer Name (print):	mployer Name (print): Contact Phone Number <u>:</u>		