

**Appendix IX: Seasonal Employment Verification**

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**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 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 separated document 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: \_\_\_\_\_