

Seasonal Employment Verification Form

Household members who work on a 12-month contract but will be paid over a period of less than 12 months are considered to receive seasonal employment income. School district employees may be the most common example of this situation. For example, some teachers get paid for 9 months but have a 12-month contract.

Seasonal employees are required to provide 12 months of income documentation. If pay stubs are not available, the employee may request the employer to complete the information below.

lff:	_	
pay stubs are not available, the	customer's employer must complete the E	Employment Verification Form.
mployee Name:		_ Date:
mployee Signature:		
ccupation:		
usiness Name (please print):		
Date employment began:	Date first payched	ck issued:
Date Employment Ended (if ap Date last paycheck was issued	plicable): Gross amount	of last pay:
Date Employment Ended (if ap Date last paycheck was issued	plicable):	of last pay:
Date Employment Ended (if ap Date last paycheck was issued Provide the information below	plicable): discreption: disc	of last pay: attach a copy of pay stubs.
Date Employment Ended (if ap Date last paycheck was issued Provide the information below	plicable): discreption: disc	of last pay: attach a copy of pay stubs.
Date Employment Ended (if ap Date last paycheck was issued Provide the information below	plicable): discreption: disc	of last pay: attach a copy of pay stubs.
Date Employment Ended (if ap Date last paycheck was issued Provide the information below Date issued:	plicable): Gross amount for the last 30 days from the date above or Gross pay amount:	of last pay: attach a copy of pay stubs. Medical Deductions:
Date Employment Ended (if ap Date last paycheck was issued Provide the information below Date issued: Employer Address:	plicable): Gross amount for the last 30 days from the date above or Gross pay amount:	of last pay: attach a copy of pay stubs. Medical Deductions:
Date Employment Ended (if ap Date last paycheck was issued Provide the information below Date issued: Employer Address: Employer Signature:	plicable): Gross amount for the last 30 days from the date above or Gross pay amount:	of last pay: attach a copy of pay stubs. Medical Deductions: Date:

CAC Use Only Initials: _____ Employer name: _____ Date: ____ Time: _____