Seasonal Work Statement - Form C

State of Alaska Heating Assistance Program PO BOX 110642 Juneau, Alaska 99811-0642

In Juneau Phone 465-3058, all other areas toll-free Phone 1-800-470-3058 In Juneau Fax 465-3319, all other areas toll-free Fax 1-888-282-3319 Email: liheap@alaska.gov

Examples of seasonal employment may include: construction, fishing, fish processing, logging, mining, trapping, tourism related, firefighting, oil field and school district occupations. Be sure to submit verification of income from all sources. Your total income for the previous 12 months will be divided by 12 to arrive at a monthly average.

Employee Name:	SSN:	
Employee Signature:	Occupation:	
EMPLOYER: This form is to be used to vecomplete, sign, and mail or fax this for		
For Employer use only		
Date Employment Began:	Date first paycheck issued:	
Date Employment Ended (if employee	is no longer working):	
Date last paycheck was issued:	Gross amount issued:	
Circle the past 12 months of seasonal employment:	20 JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC 20 JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC	
Provide the	information below for the past 12-mo	nth period.
Gross Pay/ Issue Date	Gross Pay/ Issue Date	Gross Pay/ Issue Date
Business name (Please Print):		
Employer Address:		
Employer Signature (Required):	Date:	
Payroll Contact Number:		
**** Note: The Employer Must Sign This Statement ****		