

RETURN TO: TN DEPT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER ACCOUNTS/EMPLOYER SERVICES
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TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE
DEVELOPMENT

**ELECTION TO BE DESIGNATED
A SEASONAL EMPLOYER**

Accepted from September 1 to October 31

State Account No. _____ - _____ Employer Name _____

Federal No. ____ - _____ Trade Name _____

The above employer elects to become a SEASONAL EMPLOYER with the Tennessee Department of Labor and Workforce Development. If approved by the Department, the seasonal employer will customarily carry on all work operations and will employ workers only during a regularly recurring period of twenty-six (26) consecutive weeks or less within a calendar year.

Dates of Seasonal Period: **Beginning Date (MM/DD/YYYY)** _____ **Ending Date (MM/DD/YYYY)** _____

The Seasonal Employer agrees:

1. If granted seasonal employer status, no seasonal workers are allowed to perform services outside the designated active seasonal period (determined by the Department) and in excess of twenty-six (26) consecutive weeks in a calendar year.
2. To conspicuously display the Department's seasonal determination on the business premises.
3. To provide written notice to each seasonal worker or prospective seasonal worker, prior to the beginning of each active seasonal period, that seasonal wages are potentially excludable from the base period as defined in T.C.A. 50-7-208. The notice shall be provided prior to the performance of any service; advise the seasonal worker of the beginning and ending dates of the active seasonal period; and contain the Department's contact information for any inquiries by the seasonal workers.
4. At the end of each active seasonal period, to provide written notice to the seasonal workers that they will be employed by the company in the same or similar capacity during the following active seasonal period as reasonable assurance.
5. To provide written notice to all employees if the employer's status as a seasonal employer changes.

This election must be submitted between September 1 and October 31, and if approved, becomes effective January 1 through December 31 of the following calendar year and shall not have any retroactive effect. The Department will determine if the employer is seasonal and, if so determined, the employer's active seasonal period including the beginning and ending dates for this period.

The Department may, on its own motion, reconsider the active seasonal period and seasonal employer status of any seasonal employer at any time and shall terminate the employer's seasonal employer status upon receipt of a written request from the seasonal employer requesting termination of the seasonal employer status.

Name _____

Signature _____

Title _____

Date _____

**Must be signed by owner, partner, authorized limited liability company member or manager, or officer of the corporation.*