

Boulder County CCAP EMPLOYMENT/INCOME VERIFICATION

Form must be completed by employer

CCAP Client Name: _____ Social Security #: _____

Name of Business: _____

Business Address: _____

City/State/Zip

First Day of Employment: _____ First Check Date: _____

Job Title: _____

Rate of Pay: _____ Monthly Gross Wages: _____ Taxes Withheld Yes No

How often paid? Weekly Biweekly Semimonthly Monthly/Other _____

*If tips, what percentage is reported: _____

Is this seasonal employment? Yes/No. If yes, give dates _____

Is employee expected to return to job? Yes/No. If yes, give date _____

Is this temporary employment? Yes/No. If yes, give end date _____

WEEKLY WORK SCHEDULE if fixed schedule

Please list typical work schedule i.e. 9a-5p -within the grid below for each day of work client is expected to work:

SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL HRS PER WEEK

OR

If client works a **FLEXIBLE SCHEDULE**, please tell us when they are available to work:

Earliest time in _____ am/pm AND Latest time out _____ am/pm

Average Hours Per Week _____

Days of week expected to be available: all that apply: **M T W TH F ST SN**

The above person has indicated that s/he is employed with your business. Please complete the following information and return to employee or directly to CCAP at the address or number at the bottom of page.

I confirm that the above information is complete and accurate:

Printed Name

Title

Phone Number

Signature

Date



Boulder County Child Care Assistance Program (CCAP)
 515 Coffman Street ~ Longmont CO 80501
 3460 N Broadway ~ Boulder CO 80304 Phone: 303.441.1000
 Imaging FAX: 303 441 1523
 Imaging Email: Imaging@bouldercounty.org