



3460 N. Broadway, Boulder, CO. 80304 OR 515 Coffman Street, Longmont, CO 80501
Phone: 303 441-1000 Fax: 303 441-1523

Boulder County Child Care Assistance Program (CCAP)
Verification of Temporary Leave

The following information is necessary to determine eligibility for Child Care Assistance Program for your employee, please complete the following form and sign:

Date: _____

Employee Name: _____ SS#: _____

Name of Employer: _____

Employer Address: _____
City/State/Zip

Date Leave Starts: _____ Expected Return Date: _____

Last Check Date Before Leave: _____ Is Temporary Leave: Paid Un-paid

If Paid: How often Paid?: Weekly Biweekly Monthly Other _____
 Semimonthly

Will The Employee Be Receiving Short Term Disability? Yes No If so,
 how often?: _____ How much?: _____

Employee's Pay /Work Schedule Upon Return:

Weekly Work Schedule – Please fill in the weekly schedule

SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL HRS PER WEEK

For a flex schedule- please mark any regular days off as "off." Fill in other days as best you can, include earliest time in/latest time off.

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 Boulder County at the address or number at the bottom of page.

I confirm that the above information is complete and accurate:

 Printed Name of Employer/Supervisor

 Title

 Phone Number

 Signature of Employer/Supervisor

 Date