

# 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**



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