Boulder County CCAP Employment/Income Verification

CCAP Client Name: _____________________________  Case Number or DOB: ________________
Name of Business: ________________________________________________________________
Business Address: ________________________________________________________________ City/State/Zip

First Day of Employment: ________________  First Check Date: __________________________
Job Title: ________________________________________________________________
Hourly Rate of Pay: ________________ AND/OR Monthly Gross Wages: ________________
Taxes Withheld? ☐ Yes ☐ No
Average Hours Per Week: ________________
Monthly Tips (if not included in gross wages): ________________

Is this seasonal employment? ☐ Yes ☐ No  If yes, give dates: __________
If on leave, is the employee expected to return to job? ☐ Yes ☐ No  If yes, give date: __________
Is this temporary employment? ☐ Yes ☐ No  If yes, give end date: __________

I confirm that the above information is complete and accurate:

Employer Printed Name  Employer’s Title
____________________________________________  ________________________________
Phone Number
____________________________________________
Employer Signature  Date
____________________________________________  ________________________________

Return to:
Email: Imaging@bouldercounty.gov
or
Boulder County Child Care Assistance Program (CCAP)
515 Coffman Street – Longmont, CO 80501
3460 N. Broadway – Boulder, CO 80304
or
FAX: 303.441.1523

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