



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

The following information is necessary for CCAP to determine eligibility for your employee.  
Please complete this form and email to: [imaging@bouldercounty.gov](mailto:imaging@bouldercounty.gov).

Employee Name: \_\_\_\_\_ Case/SS#: \_\_\_\_\_  
 Name of Employer: \_\_\_\_\_  
 Date Leave Starts: \_\_\_\_\_ Anticipated Return Date: \_\_\_\_\_

The temporary leave is:  Paid  Unpaid  
 If paid, how much will the employee receive per month: \$ \_\_\_\_\_

The temporary leave is:  Maternity/Paternity  Medical

**Rate of pay upon return to work:** \$ \_\_\_\_\_ per hour. If salary, \$ \_\_\_\_\_ per month.

Please report the employee's anticipated return-to-work schedule (e.g. 9a-5p written within the grid below for each day the employee is expected to work):

SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL HRS PER WEEK

OR

If employee 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 (Check all that apply):

M  T  W  TH  F  SA  SU

I confirm that the above information is complete and accurate:

\_\_\_\_\_  
 Printed Name of Employer/Supervisor      Title      Phone Number

\_\_\_\_\_  
 Signature of Employer/Supervisor      Date