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: _____

Work Schedule

Fill in the client's typical daily work schedule (example: 8 am – 5 pm)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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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