DENVER
HUMAN SERVICES

Verification of Employment

The following information is necessary to determine eligibility for Child Care Assistance.

Client Section

Name: _____ Social Security Number: _____ - _____ - _____

CCAP Worker: _____ Date: _____

Employer Section — TO BE COMPLETED BY EMPLOYER

The above person has indicated that s/he is employed with your business. Please complete the following information and return to the employee or directly to Denver Human Services via mail, fax, or email (denverccap@denvergov.org).

Name of Business:

_____

Business Address:

_____

First Day of Employment: _____ First Check Date: _____

Weekly Work Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total hours per week
Example	8 a.m.-5 p.m.	8 a.m.-5 p.m.	8 a.m.-5 p.m.	8 a.m.-5 p.m.	Off	Off	32

Please fill in above weekly schedule. If you have a flex schedule, please mark any regular days off (OFF) and fill in other days as best you can.

Rate of Pay: _____ Monthly Gross Wages: _____

How often paid: _____ Taxes Withheld: Yes/No

Additional Income: (Overtime/Commission/Bonuses/Tips): Yes/No Explain: _____

If so, how often: _____ How Much: _____

I confirm that the above information is complete and accurate.

_____ _____
Print Name Title

_____
Phone number

_____ _____
Signature Date