



P: 720-944-KIDS

F: 720-944-3330

1200 FEDERAL BOULEVARD, DENVER, CO 80204

WWW.DENVERCCAP.ORG

**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**

| Sun     | Mon              | Tues             | Wed              | Thur             | Fri | Sat | Total Hrs per week |
|---------|------------------|------------------|------------------|------------------|-----|-----|--------------------|
| Example | 8:00a-<br>5:00pm | 8:00am<br>5:00pm | 8:00am<br>5:00pm | 8:00am<br>5:00pm | Off | Off | 32                 |
|         |                  |                  |                  |                  |     |     |                    |

Please fill in above weekly schedule – If flex schedule, please mark any regular days off (OFF) - 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