



**Verificación de Terminación de Empleo**



The person below has indicated that she/he was (no longer is) employed with your business. Please complete the following information and return to former employee or directly to Adams County Human Services Child Care Assistance Program at the address at the bottom of the page, email or via Fax. The following information is necessary to determine eligibility for Child Care Assistance. Thank you for your time.

**TO BE COMPLETED BY EMPLOYER (former):**

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Last day of employment: \_\_\_\_\_ Last check date: \_\_\_\_\_

**FORMER EMPLOYEE'S PAY & WORK SCHEDULE:**

Wages: \_\_\_\_\_ hr/mo Taxes withheld:  Yes  No

Pay frequency:  Weekly  Bi-weekly  Semi-monthly  Monthly/other: \_\_\_\_\_

Additional income (overtime/commission/bonuses/tips\*)  No  Yes

\*If yes, complete the following:

How much: \_\_\_\_\_ How often: \_\_\_\_\_ \*If tips, what percentage is reported: \_\_\_\_\_

**WEEKLY WORK SCHEDULE:**

| SUN | MON | TUE | WED | THUR | FRI | SAT | TOTAL HRS PER WEEK |
|-----|-----|-----|-----|------|-----|-----|--------------------|
|     |     |     |     |      |     |     |                    |

Please fill in above weekly schedule. If varied schedule, please mark any regular days off "OFF." Fill in other days to the best of your ability. Include earliest time in/latest time off.

\*IF VARIED schedule, average hours per week: \_\_\_\_\_ (min #hrs.) \_\_\_\_\_ (max #hrs.)

Earliest time in: \_\_\_\_\_ Latest time out: \_\_\_\_\_ \*

**I confirm that the above information is complete and accurate to the best of my knowledge.**

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
email (optional)

\_\_\_\_\_  
Signature of employer

\_\_\_\_\_  
Date

**Adams County Department of Human Services  
Colorado Child Care Assistance Program  
11860 Pecos St  
Westminster, CO 80234**

**Phone: 720-523-2337  
Fax: 720- 523-2201  
Email: AdamsCCAP@adcogov.org**