



Verification of Employment Termination



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**