



ADU INCENTIVE REBATE PROGRAM
EMPLOYMENT AND WORK SCHEDULE VERIFICATION
 (Employed, self-employed, or a contracted employee)

TO BE COMPLETED BY EMPLOYEE:

Employee Name: _____ Employer Name: _____

Employer Address: _____

Release Statement

I hereby authorize the release of the following information to determine my eligibility to occupy a dwelling in the ADU Incentive Rebate program – one who works at least 32 hours a week for a business or organization located in La Plata County.

Signature: _____ Date: _____

TO BE COMPLETED BY EMPLOYER:

The above-signed employee seeks to occupy a dwelling in the City of Durango ADU Incentive Rebate Program. The Program guidelines require employer verification of employment and work schedule. Please complete the following information and return as soon as possible. If you have questions, please contact eva.henson@durangogov.org or 970-375-4857.

Your assistance in completing this form accurately and timely is greatly appreciated!

Employee Position or Title: _____

Employment Information							
Employer Name: _____				Numbers of hours/week _____			
Date of Hire _____				Currently Employed? YES NO			
This position is seasonal <input type="checkbox"/> YES <input type="checkbox"/> NO				Start Date _____ End Date _____			
Self-Employed							
Date of Hire _____ or N/A				Numbers of hours/week _____			
This position is seasonal <input type="checkbox"/> YES <input type="checkbox"/> NO				Start Date _____ End Date _____			
Contracted Employee							
Date of Hire _____ or N/A				Numbers of hours/week _____			
This position is seasonal <input type="checkbox"/> YES <input type="checkbox"/> NO				Start Date _____ End Date _____			
Work Schedule							
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							
Variable Schedule: YES NO Comments: _____							

Signature of Employer/Supervisor: _____ Title: _____

Printed Name of Employer/Supervisor: _____ Date: _____

Phone: _____ Supervisor E-mail: _____