



**ARIZONA**  
 DEPARTMENT  
 of CHILD SAFETY  
 Office of Licensing  
 and Regulation

David Lujan, Director  
 Katie Hobbs, Governor

\_\_\_\_\_ *Date*

**Verification of Employment**  
 Denied/Suspended/Revoked/Expired Level 1 Fingerprint Clearance

Re: \_\_\_\_\_  
*Agency Name*

\_\_\_\_\_ *Staff Name*

This letter is notice that the Department of Child Safety (DCS), Office of Licensing and Regulation (OLR) is requiring your immediate action.  
**All sections must be complete.**

**Action Taken:**  
 \_\_\_\_\_

\_\_\_\_\_ **Termination and/or separation must be done immediately.**  
*Termination and/or Separation Date*

\_\_\_\_\_ **All employment status changes must be entered in Quick Connect within five (5) business days of termination and/or separation.**  
*Date Separation in Quick Connect and Agency Roster updated*

A representative from your agency shall sign this verification. An email submission may be accepted as an electronic signature by DCS.

Sincerely,  
 \_\_\_\_\_  
*Agency Representative*

Submit this form and any attachments to [CWL@azdcs.gov](mailto:CWL@azdcs.gov)

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