



STATE OF ALASKA
EMPLOYEE AFFIDAVIT

Employee

Department

Date: _____

OATH OF OFFICE
(Prescribed by AS 39.05.045)

I do solemnly swear (or affirm) that I will support and defend the constitution of the United States and the Constitution of the State of Alaska, and that I will faithfully discharge my duties as _____ to the best of my ability.

(Department Representative)

(Signature of Employee)

NOTIFICATION: Persons to be notified in event of serious illness or accident:

| NAME | ADDRESS | TELEPHONE | RELATIONSHIP |
|------|---------|-----------|--------------|
| | | | |
| | | | |
| | | | |

02-024 (5/92)