

STATE OF ALASKA EMPLOYEE AFFIDAVIT

Employee	Date
Department	
OATH OF OFFICE	
(Prescribed by AS 39.05.045)	
I do solemnly swear (or affirm) that I will support a United States and the Constitution of the State of A discharge my duties as	
to the best of my ability.	
G: () (F 1	
Signature of Employee	

Submit completed form to Division of Finance - Payroll Services.