

NOTARIZED AFFIDAVIT OF EMPLOYER

(Employer Only)

Part A. – Employer

I, _____ certify that I am _____ for
(Representative Name) (Position Title)

_____. I certify that _____ requested
(Employer) (Employer)

_____ to work at _____
(Employee) (Location Outside of the District)

from _____ to _____ and that I am authorized to provide this
(Date) (Date)

information on behalf of _____.
(Employer)

Employee Scope of Work:

I hereby certify all information submitted is true to the best of my knowledge.

Name of Representative (printed): _____

Position Title of Representative: _____

Email and Phone Number of Representative: _____

Email and Phone Number of Employer Provider: _____

Signature of Representative

Subscribed and sworn before me, a Notary Public

SEAL

Notary _____
Today's Date _____
Commission Expires _____