

Florida Statute 876.05 requires that all state and public employees of the State of Florida sign a loyalty oath. Please complete thLV document for your official personnel file.

LOYALTY OATH

| I, | a resident of the State of, |
|---|--|
| | _, and being employed by the State of Florida loyee or officer, do hereby solemnly swear or f the United States and of the State of Florida. |
| Employee Signature | Date |
| NOTARY: (May be notarized by Hiring Depa | artment or the Division of Human Resources) |
| State of, County of | |
| The above named person who has sworn to and subse | cribed before me thisday of, 20 |
| Personally Knownor Produced Identification | _ |
| Type of Identification produced | |
| | |
| | |
| Name of Notary | |
| Signature of Notary | Notary Stamp |