



Human Resources Department
OATH OF LOYALTY

STATE OF FLORIDA
COUNTY OF ALACHUA

I, _____, a citizen or authorized non-citizen of
(Print Name)
the State of Florida and of the United States of America, and being employed by or an officer of the Alachua County Public Schools, and a recipient of public funds as such employee or officer, do hereby solemnly swear and affirm that I will support the Constitutions of the United States of America and the State of Florida.

Legal Signature

Subscribed and sworn to (or affirmed) before me _____ by
(date)
_____, who is personally known _____
or has produced _____ as identification.
(Type of Identification)

Notary Public, State of Florida: _____
(Signature)

(Name of Notary: Typed, Printed or Stamped)

Notary Seal: