



LOYALTY OATH

STATE OF FLORIDA

COUNTY OF _____

I, _____, Social Security _____
being employed by or an officer of the State of Florida and a recipient of public funds as such employee
or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and
of the State of Florida.

Employee Signature

Sworn to and Subscribed before me

This _____ day of _____, 20 ____

Notary Public

Personally Known _____ OR
Produced Identification _____
Type of I.D. Produced _____

