## AFFIDAVIT OF IMMEDIATE SUPERVISOR

_		, under penalty of per	jury,
	(Affiant's Name)		
deposes	and says as follows:		
T	hat Affiant is an immediate superv	visor for	<del></del>
		(Company Name)	
and in su	ach capacity is in a position to con	plete this affidavit for the applicant.	
I	That Affiant certifies that the follow	wing statements are true and accurate to	the
best of th	heir knowledge:		
1		is a bona fide full-time employ	ee;
	(Applicant's Name)		
2	2. The nature of the employment of	conforms to the requirements of SCR 4	9.1; and
3.	. The Affiant will notify the State	e Bar of Nevada within fifteen (15) day	s after
	the applicant ceases to be so en	ployed.	
FURTHI	ER YOUR AFFIANT SAYETH N	IOT.	
	Dated this	day of, 20	)
		Affiant Signature	
		Affiant Title	

## **VERIFICATION UNDER OATH**

STATE OF)	
):ss COUNTY OF)	
	eing first duly sworn under oath depose and say: I am the ure hereto is written by my own hand. My responses are d are full, complete, true and correct in all respects.
	Supervisor Signature
Subscribed and Sworn to before me this day of, 20	
Notary Public in and for the County of	
Notary Public	