

DEC 23 2002

OATH OF AFFIRMATION OR ALLEGIANCE
SAN BERNARDINO COUNTY
(Required by Chapter 8, Division 4, Title 1 of Government Code)

I, **ROBERT PAGE**, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

SIGNATURE OF EMPLOYEE OR VOLUNTEER Robert K Page
Arrowhead Regional Medical Center
OFFICE UNIT OR DEPARTMENT

- FORM MUST BE FILLED OUT IN BLUE OR BLACK INK.
- Employee:
1. Legibly enter your Social Security number.
 2. Print your name (as you would normally sign) on the first line.
 3. Read the Oath of Allegiance
 4. Sign your normal signature on the space labeled "Signature of Employee or Volunteer" (must agree with printed name).
 5. Completely fill in the "Office Unit or Department".

- Payroll Clerk:
1. After having the employee read and sign the Oath, fill in the date using the written word for day (first, second, etc.) and the complete month and year.
 2. Get the signature of the "Authorized Official" who actually administered the Oath. This can be the Department Head, a deputy, or the Payroll Clerk. The Department Head may deputize any employee to sign these forms on their behalf.
 3. Fill in the title of the person administering the Oath.

Taken and subscribed before me this 13th day
of Dec, 20 02
Rm
SIGNATURE OF AUTHORIZED OFFICIAL
Clerk III
TITLE

Distribution:
Original - Human Resources
Copy - Department File

No Fee May Be Charged for Administering This Oath