

Employee ID \_\_\_\_\_

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

I, **(print name)** \_\_\_\_\_, 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 \_\_\_\_\_  
DEPARTMENT/LOCATION \_\_\_\_\_

Taken and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
SIGNATURE OF AUTHORIZED OFFICIAL \_\_\_\_\_  
TITLE \_\_\_\_\_

**FORM MUST BE FILLED OUT IN BLUE OR BLACK INK**

- Employee:**
- 1. **Legibly** enter your Employee ID.
  - 2. Print your complete name on the first line.
  - 3. Read the Oath of Affirmation or Allegiance.
  - 4. Sign your normal signature on the space labeled "Signature of Employee or Volunteer".
  - 5. Completely fill in the "Department/Location".

- Payroll Specialist:**
- 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 Specialist. 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.
  - 4. Thoroughly review all information to ensure completeness and accuracy of information provided.

**Distribution:**  
Original – EMACS-HR (0030)  
Copy – Department File

*No Fee May Be Charged for Administering This Oath*