



Robert Bentley  
GOVERNOR

Fitzgerald Washington  
COMMISSIONER

# STATE OF ALABAMA

DEPARTMENT OF LABOR

STATE OF ALABAMA \*  
\*  
\_\_\_\_\_ COUNTY \*

## HB 71 - EMPLOYER AFFIDAVIT

This affidavit is herein below executed and submitted on behalf of \_\_\_\_\_ for use and consideration by the Alabama Department of Labor in its decision to grant or deny issuance of a special unemployment compensation account number to be used in conjunction with the provisions of Ala.Code §25-4-70(d). The Affiant, having been duly sworn, and under penalty of perjury, does this day state the following:

“My name is \_\_\_\_\_ and I am the \_\_\_\_\_ (title) of \_\_\_\_\_ (employer), of which I am personally familiar. I affirm that I have the authority to bind the employer by signature hereon.

I hereby certify that the above-stated business is either primarily (at least 75%) or exclusively engaged in providing employees to perform work for educational institutions in the State of Alabama. I further certify that we are currently under contract with an educational institution to provide these employees and have a reasonable assurance (i.e. written, verbal, or implied agreement that the employees will perform the same or similar services for the educational institution during the ensuing academic year, term or recess) that the contract will continue hereafter.

I am in agreement and acknowledge that we will provide any and all necessary documentation to Departmental representatives in order to substantiate our primary or exclusive arrangement to provide employees to work for educational institutions in the State of Alabama. I further acknowledge by this affidavit that we will immediately notify the Alabama Department of Labor should our contract(s) either expire or terminate to such a degree that we are no longer primarily or exclusively engaged in providing employees to work for educational institutions in Alabama.

I specifically acknowledge that our ability to hold such a special unemployment account number may be suspended for a period of up to one (1) year should we fail to provide the Department of Labor with any necessary notices, any required or requested documentation or make any false statement with regards to this application, affidavit or other departmental request.”

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Affiant

SWORN to and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Commission Expires: \_\_\_\_\_