

North Carolina State Board of Certified Public Accountant Examiners

1101 Oberlin Road Suite 104 • PO Box 12827 • Raleigh NC 27605
 Phone 919-733-1422 • Fax 919-733-4209 • Web www.nccpaboard.gov

EXPERIENCE AFFIDAVIT - PART-TIME

This form is a supplement to the *Experience Affidavit*. The **direct supervisor** must complete both forms and attach this supplement to the *Experience Affidavit*. This form may be copied, but the direct supervisor must sign each page.

TO BE COMPLETED BY APPLICANT:

Full Name (First/Middle/Last/Suffix) _____

Mailing Address (Street or PO Box) _____

City, State, Zip Code _____

TO BE COMPLETED BY DIRECT SUPERVISOR:

The applicant was employed part-time in this office of my firm for the period beginning _____, (MM/DD/YYYY),
 and ending (date of termination or today's date) _____ (MM/DD/YYYY).

Any weeks that are 30 hours or more are counted as full-time equivalent weeks [21 NCAC 08F .0401(b)].
 Below is a listing of **actual** (not average) hours worked each week. These figures are correct to the best of my knowledge.

Week Ending (MM/DD/YYYY)	No. of Hours Worked	Week Ending (MM/DD/YYYY)	No. of Hours Worked	Week Ending (MM/DD/YYYY)	No. of Hours Worked

Printed Name _____ Signature _____ Date _____

FOR BOARD USE

HOURS		HOURS		HOURS	
WEEKS		WEEKS		WEEKS	