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 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	