

**North Carolina State Board of Certified Public Accountant Examiners**

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**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:**

\_\_\_\_\_  
Your Full Name (First Middle Last Suffix)

\_\_\_\_\_  
Your 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 for the period beginning \_\_\_\_\_, and ending  
(MM/DD/YYYY)

(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 the applicant 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	