



North Carolina State Board of Certified Public Accountant Examiners

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	