	Please print		
STUDENT>			
	NAME (LAST)	First Midi	DLE
	College of the Sequoias		
	NAME OF SCHOOL DISTRICT		
	OATH OF OFFICE		
	FOR SCHOOL DISTRICT EMPLOYEES		
	(State Constitution, Art. XX, Sec. 3 as amended)		
	STATE OF CALIFORNIA }		
	For the office of Student Worker / Tulare County Schools  POSITION AND NAME OF SCHOOL DISTRICT  I,		
			STUDENT <
SUPERVISOR	Subscribed and sworn to before me this	Employee's Signature	
	day of, 2	20	
	Supervisor's Signature	<u></u>	
		<u></u>	