

U. S. HOUSE OF REPRESENTATIVES

OATH OF OFFICE PAYROLL AND BENEFITS INFORMATION

PLEASE USE TYPEWRITER OR PRINT IN INK

A. IDENTIFICATION

DOE-JOHN-LEONARD

Name: Last-First-Middle

111-11-1111

Social Security Number

Hon. Jones

Employing Office

01/01/60

Date of Birth (Month/Day/Year)

(000) 000-0000

Telephone Number (include area code)

B. ADDRESSES

Mailing address for earnings statement and W2:

123 MAIN STREET

ANYTOWN, XX 00000-0000

Mailing address for paycheck:

(Complete only if Direct Deposit is not elected.)

C. NAME CHANGE

Previous Name: Last-First-Middle

New Name: Last-First-Middle



Signature (for name and address change only)

Date

IF UPDATING AN ADDRESS OR NAME, YOU NEED PROCEED NO FURTHER

IN ORDER TO RECEIVE ANY PAY FOR SERVICES, all new and returning employees, and employees taking a break in service must complete Parts D through I.

D. OATH OF OFFICE

I, JOHN LEONARD DOE, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.



Signature

01-03-97

Date

E. HEALTH INSURANCE INFORMATION ACKNOWLEDGEMENT:

I understand that I must complete a Health Benefits Registration Form (SF-2809) within 31 days of employment and that failure to do so will exclude me from enrollment again, in most cases, until Open Season.



Signature

01-03-97

Date

-OVER-