WITNESS STATEMENT			
PLACE	DATE	TIME	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME	EMPLOYEE ID NUMBER		STATE ID NO.
INSTITUTION OR ADDRESS			
SWORN STATEMENT			
I, _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:			
EXHIBIT	INITIALS OF PERSON MAKING STATEMENT		PAGE 1 OF _____ PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ___ TAKEN AT___ DATED _____ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE ___ OF ___ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.			

(Reproduced locally)

Retention Schedule: Upon Completion, this form shall be maintained with the grievance packet for four (4) years and then destroyed.

STATEMENT (Continued)

AFFIDAVIT

I, _____ HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE _____. I FULLY UNDERSTAND THE CONDITIONS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

_____
(Signature of Person Making Statement)

WITNESS

_____
_____
_____
INSTITUTION OR ADDRESS

_____
_____
_____
INSTITUTION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this ____ day of _____, 20__ at _____

_____
(Signature of Person Administering Oath)

_____
(Typed Name of Person Administering Oath)

_____
(Authority to Administer Oath)

INITIALS OF PERSON MAKING STATEMENT	PAGE OF PAGES

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