

Form R.2

EMPLOYMENT AFFIDAVIT

For Private Provider Duly Authorized Representatives FS §553.791(4)

Florida Statute 553.791(8) requires that all Duly Authorized Representatives are employees of the Private Provider who are entitled to receive unemployment benefits under Chapter 443 of the Florida Statutes.

I, _____, the Private Provider, do hereby affirm that the Duly Authorized Representatives listed below are my employees, as required by Florida Statute 553.791 and are entitled to receive unemployment compensation benefits under Chapter 443.

DULY AUTHORIZED REPRESENTATIVES:

Print name	Florida License no(s)	Discipline	Signature

Submit resumes of each Duly Authorized Representative and copies of their licenses.

Private Provider Name: _____

Florida License No. _____

SWORN AND SUBSCRIBED before me by _____,
being personally known to me _____ or having produced as identification
_____, and who being fully sworn and cautioned, states
that the foregoing is true and correct to the best of his/her knowledge and
belief.

Seal/Signature/Date

Signature of Notary

Print Name

Date

Notary Public Stamp:

My Commission Expires: _____