

CITY OF HAMILTON, OHIO
Employee Statement Form

Page ____ of ____

Name	Title
Department	Date
Subject	

Employee Statement:

I affirm that all the facts set forth in this statement are true, complete, and correct to the best of my knowledge and belief. I was directed by my supervisor to provide a true account of the matter(s) under consideration. The facts that I have provided are mine and were provided without being influenced by any other party or person. I understand this statement will be used for administrative purposes, and the information shall be subject to verification. I understand that failure to provide a full and truthful statement may result in disciplinary action up to and including termination of employment.

Employee’s Signature: _____ Date: _____

Employee’s Name (Print): _____

Witness’ Signature: _____

