Prescribed by: AI 2

| CERTIFICATION OF HOURS WORKED IN SERVICE YEAR FOR EXPERT OR CONSULTANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DISCLOSURE: Voluntary; however, if requested information is not provided, an individual's 1. NAME (Last, First, Middle Initial) 2. OR | | | | | | | | | | | | al's status as an expert or consultant may be terminated. ORGANIZATION | | | | | | | | | | | | 3. APPOINTMENT DATE (YYYYMMDD) | | | | | | | | |
| 4. OFFICE OR COMMITTEE 5. SALA | | | | | | | | | | | SALA | SALARY | | | | | 6. PAY RATE | | | | | | 7. NUMBER OF DAYS AUTHORIZED | | | | | | | | | |
| 8. CU 9. HO | | | | ADDR | ESS (F | For sep | paratinę | g or ch | anges, |) (Numl | ber an | d Stree | et, Apa | rtment | Numb | er, City | /, State | and Z | Zip Coo | le) | | | | | | | | | | | | |
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| T of ex | he du pertis ion is | uties o se not perfo | officiall availa rming | y ass ble in | the re | to this gular | s positi work | ion ar force, | is of a | urately a purel le DD I | y adv | isory ı 2292. | nature | , and | does ı | | | | | | | | | | ing fui | nction | s. The | e incui | | t of thi | S | |