

## Pay Loss Affidavit

I, , of legal age, residing at , do hereby solemnly swear and affirm:

1. That I am/was employed at  as a .
2. That due to , I was unable to perform my duties from  to , resulting in a loss of pay.
3. That the details of my pay loss are as follows:
  - a) Amount of Pay Lost:
  - b) Period Covered:
4. That I am executing this affidavit to attest to the truth of the foregoing statements and for whatever legal purpose it may serve.

IN WITNESS WHEREOF, I have hereunto set my hand this  day of , 20 at .

Affiant

**SUBSCRIBED AND SWORN** to before me this  day of , 20 at , affiant having presented to me his/her valid identification.

Doc. No.:

Page No.:

Book No.:

Series of 20