

ATTORNEY AFFIRMATION IN SUPPORT OF CLE CREDIT FOR A NONTRADITIONAL FORMAT COURSE

I, _		, acknowledge receipt of the course materials for:
	(attorney name)	
	Riding the Empl	oyment Waves – California Legislative Developments for 2024
		Code #3: Code #5:
	VERIFICATION COI	DE:
	code in the above field.	If you do not include the code, you will not be awarded CLE credit in certain e multiple codes (for example, a separate code for each segment of a
	Code #2:	Code #3:
	Code #4:	Code #5:
Nam	e of CLE Provider	<u>. </u>
Sign	ature of Attorney	
Date	of completion of CLE course	
Pleas	se list jurisdictions and bar number	ers for which you are seeking CLE credit
Pleas	se list your email address for CLE	follow-up.
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Date