APPOINTMENT AFFIDAVITS

Deputy Commissioner for Retirement and Disability Policy		01/20/2021	
(Position to which Appointed)		(Date Appointed)	
Social Security Administration	Office of Ret and Dis Policy	Woodlawn, Maryland	
(Department or Agency)	(Bureau or Division)	(Place of Employment)	
I, Kilolo Kijakazi		, do solemnly swear (or affirm) that	
A. OATH OF OFFICE			
that I will bear true faith and alleg	giance to the same; that I take th n; and that I will well and faithfull	against all enemies, foreign and domes is obligation freely, without any mental y discharge the duties of the office on w	
I am not participating in any st	rike against the Government of t	THE FEDERAL GOVERNME he United States or any agency thereof t of the United States or any agency	
C. AFFIDAVIT AS TO	THE PURCHASE AND	SALE OF OFFICE	
I have not, nor has anyone act for or in expectation or hope of re		red, promised or paid any consideration his appointment.	l
		Hi lobo Kijakoy	
		(Signature of Appointee)	
Subscribed and sworn (or affirme	ed) before me this 20 day of $\frac{\mathrm{J}_{2}}{2}$	anuary , 2 <u>02</u>	1
at Woodlawn (City)	Maryland (State)	(b) (6)	
(SEAL)		(Signature of Office t)	_
Commission expires		Assistant Deputy Commissioner for H	R
(If by a Notary Public, the date of his/her	Commission should be shown)	(Title)	

Note - If the appointee objects to the form of the oath on religious grounds, certain modifications may be permitted pursuant to the Religious Freedom Restoration Act. Please contact your agency's legal counsel for advice.