

HUNTON

AFFIRMATION IN SUPPORT OF CLE CREDIT FOR A NONTRADITIONAL FORMAT COURSE

I, _____, acknowledge receipt of the course materials for:
(name)

**Managing the Use and Abuse of Employee Leave Programs:
ADA and Related Obligations for Employers and Best Practices in a Changing
Legal Landscape**

Please check the method of participation:

- ☐ I certify that I participated in the above course by webinar in its entirety.
☐ I certify that I participated in the above course by teleconference in its entirety.

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