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**ABSENTEEISM FORM**

**SCHOOL YEAR 2009 – 2010**

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*To be completed by Instructor*

**APPRENTICE NAME:** \_\_\_\_\_

*To be completed by Instructor*

**DATE OF ABSENCE:** \_\_\_\_\_

*To be completed by Instructor*

**MODULE MISSED:** \_\_\_\_\_

*To be completed by Instructor*

**TEST MISSED YES OR NO:** \_\_\_\_\_

MISSED EXAMS WILL NEED TO BE COMPLETED!!!!

**INSTRUCTOR SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**APPRENTICE SIGNATURE:** \_\_\_\_\_

**REASON FOR ABSENCE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**TRADE AND LEVEL:** \_\_\_\_\_

**EMPLOYER SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY FOR THE APPRENTICE TO BE ALLOWED TO ATTEND ANY MAKE-UP CLASS.**

**ALL FORMS WILL BE FAXED TO THE EMPLOYER AND RECEIPT WILL BE CONFIRMED**

Return completed forms to: KCEF, 1810 Taylor Avenue, Louisville, Kentucky 40213

Completed forms may also be faxed to: 502-451-1700

For questions or further information please contact:

Nelson Henderson – 502-400-2034 – [nhenderson@kyanaabc.com](mailto:nhenderson@kyanaabc.com)

Roberta Tibbetts – 502-400-2029 – [rtibbetts@kyanaabc.com](mailto:rtibbetts@kyanaabc.com)