



ABSENTEEISM FORM
SCHOOL YEAR 2010 – 2011

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:

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Don Jordan – 502-400-2033 – djordan@kyanaabc.com