



ABSENTEEISM FORM

SCHOOL YEAR 2011 - 2012

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, Attn: Stephanie Coleman

For questions or further information please contact:

Stephanie Coleman – 502-400-2035 – scoleman@kyanaabc.com

Joe Salsman – 502-608-9500 – Jsalsman@kycomfort.com