



**ABSENCE FORM
For
Face-to-Face Coursework Sessions**

I am reporting an absence or requesting permission to be excused for the date(s) and reason described below. I understand that I will be required to make-up the date(s)/time(s) at the end of the course in order to receive course credit. Furthermore, I am aware that this request must have my signature, absence information, and the approval of Region 10.

Participant Name: _____

Status: _____ Candidate _____ Intern

Course Name: _____

Date and time of **expected** absence:

Date and time of **unexpected** absence:

Reason for absence:

Participant Signature

Date

Region 10 CERT Signature

Date

Excused

Unexcused

NOTE: Except in the case of personal illness, or an emergency, this form must be on file at Region 10 five (5) days prior to the requested absence.

Submit to: camela.walker@region10.org or fax to: 972.348.1707