

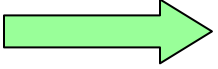
ATCP Absence Report



Name:



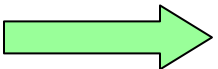
Campus:



Area of Certification:



Date of Training Missed:



Title of Training Missed:



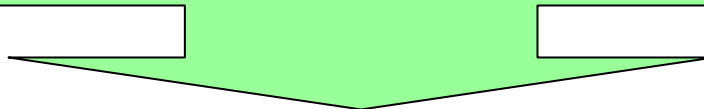
Explanation for Absence:

Upon completion of this form, the ATCP team will notify you of the content related to this training.

Attach approved documentation of training completed as make-up work.



Principals: This ATCP intern was absent from mandatory training on the date noted above. Interns are required to fill out this form and return it to our office where they will be notified of appropriate training related to the absence. After completion of training, they will provide ATCP with the documentation. Your signature is evidence that you are aware this intern was absent.



Principal's Signature

Date