

Attendance Form for Alcoholics/Narcotics Anonymous or Independent Outpatient Meetings

Full Name _____ Department _____ Job Title _____
 Supervisor _____ University ID _____

The above named individual is required to attend these meetings. We appreciate the Chairperson's signing this record of attendance at the end of each meeting. The employee is expected to complete all columns with the exception of the Chairperson signature column. Your cooperation is greatly appreciated.

	AA/NA/IO Group Name	Group Type (AA, NA, or IO)	Group Location	Date	Time	Topic	Name of Chairperson	Signature of Chairperson
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Supervisor Name _____ Supervisor Signature _____ Date _____

This form is to be turned into supervisor weekly for review. All completed forms should be turned into HR with a supervisor's signature on a monthly basis to be added to file and monitoring agreement.