

Human Resources, Benefits Unit 1220 Washington Ave., Building 5, Floor 4 Albany, NY 12226-1900

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## **Certificate of Attendance for Military Leave**

This certifies that the person named below was in attendance for performance of assigned duties at the location, dates and times provided

This certifies that the perso	II Hailled below was ill a	tteridance for periorilla	nce or assigned du	ues at tile	iocation, dat	es and times pr	Ovided.
To be Completed	l by Employee						
Name (Last, First, Middle Initial)			Employee N #				
Agency							
Regular Days Off							
Sunday	Monday	Tuesday \	Wednesday	Thurse	day	Friday	Saturday
To be Completed	l by Commandir	ng Officer					
Location of Military Servi Unit Name	ces						
Address 1							
Address 2							
City		State			Zip Code		
Beginning Date		Beginning Time	АМ	PM			
Ending Date		Ending Time	АМ	РМ			
Print Commanding Officer's Name			Telephone Number				
Print Commanding Office	er's Title						
Certified By:							
			Dat 	e			
Signature Commanding Offic	e or Designee						