



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.

To be Completed by Employee

Name <i>(Last, First, Middle Initial)</i>				Employee N #		
Agency						
Regular Days Off						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

To be Completed by Commanding Officer

Location of Military Services Unit Name		
Address 1		
Address 2		
City	State	Zip Code
Beginning Date	Beginning Time	AM PM
Ending Date	Ending Time	AM PM
Print Commanding Officer's Name		Telephone Number
Print Commanding Officer's Title		
Certified By:		
_____		Date
Signature Commanding Office or Designee		