

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
**VERIFICATION OF ATTENDANCE**

EMPLOYEE NAME: \_\_\_\_\_

EVENT TITLE: \_\_\_\_\_

SPONSORING ORGANIZATION: \_\_\_\_\_

ATTENDANCE DATE(S): \_\_\_\_\_

ATTENDANCE HOURS: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

I hereby acknowledge the presence of the above employee of the Department of Corrections and Community Supervision at the event that I conducted on the above date(s) for the duration (total hours) indicated.

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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NOTE: In accordance with Departmental Directive #2209, "Allowable Absences With Pay," this completed form must be submitted to the facility Timekeeper within two (2) days of return or the absence will be charged to leave accruals other than sick leave.

Alternate documentation may be submitted in lieu of this form; however, all of the information included on this form must be included on the alternate documentation.