



Member Unexcused Absence/Tardy



AmeriCorps Member's Name: _____

AmeriCorps Site: _____

Date of unexcused absence/tardy: _____ **Check one:** Absent Tardy

Has this member been absent/tardy without excuse in the past? **yes** **no**

Supervisor Name: _____

Supervisor Signature / date: _____

Note: This form must be completed by the member's supervisor and returned to the AmeriCorps office THE DAY of the unexcused absence/tardy so AmeriCorps staff can promptly follow up with the member. Thank you.



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