



## PIMA COUNTY CONFIRMATION OF ATTENDANCE

Please provide this completed form to your supervisor.

### TO BE COMPLETED BY EMPLOYEE:

Name of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

### TO BE COMPLETED BY AN AETNA RESOURCES FOR LIVING Contracted Provider:

This is to certify that the above named employee was seen by an **AETNA Resources for Living**

**Contracted Provider**. Appointment: Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
Signature of **AETNA Resources for Living – Contracted Provider**

\_\_\_\_\_  
Date