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