

LATE/ABSENT Notification Form

Name:				
First	M.I.	Last		
\$#: S	_ Phone #:			
Email:			@student.cccs.edu	
Your official CCD email account is the only email CCD will accept for correspondence.				
I affirm that I have read, understand, and agree to this	form in its entirety and t	hat the information supplied is tr	ue and complete.	
Student:				
Print Name		Signature Date		
Job Title:				
I was absent on	because sick / other (explain):			
	minutes late because (explain):			
1 was				
Internal Use Only				
Supervisor:				
Comments:				
Comments:				