



ABSENCE MAKE-UP AGREEMENT & VERIFICATION FORM

INSTRUCTONS:

Please use Part 1 – Make-Up Agreement to schedule a mutually agreeable time to make-up your absences. After Part 1 has been completed, the student must bring this form to the CIP office. A copy of this form will be made and kept on file until Part 2 is completed. The student keeps the original copy to take to supervisor on make-up day for final verification.

After the student carries out this agreement, he/she will take the original form to the supervisor for completion of Part 2 – Make-Up verification. Once Part 2 has been completed, the student is responsible for returning the original form to the CIP office or faxing the form to 503-296-2366 in order to receive tuition credit for the make-up day.

Student Name

Sponsor Name

Supervisor Name

Supervisor Phone

PART 1 — MAKE-UP AGREEMENT

DATE(S) OF ABSENCE(S)	REASON(S) FOR ABSENCE(S)	SCHEDULED DATE(S) OF MAKE-UP(S)

The student and I have discussed his/her absence(s) and have mutually agreed that he/she will make-up the full day(s) on the above mentioned date(s).

Supervisor Signature

Date

Student Signature

Date

PART 2 — MAKE-UP VERIFICATION

DATE OF ABSENCE(S)	DATE(S) OF MAKE-UP(S)	TIME STARTED	TIME FINISHED	LESS LUNCH	TOTAL HOURS

By signing below, I verify that the student has worked the day(s) and hours stated above to make up the absence(s) listed.

Supervisor Signature

Date