



# COUNTY OF HUNTERDON

DEPARTMENT OF PUBLIC SAFETY – OFFICE OF EMERGENCY MANAGEMENT  
EMERGENCY SERVICES TRAINING CENTER



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## Hunterdon County Emergency Services Training Center

### Absence Verification Form

**Student Name:** \_\_\_\_\_

**Department / Company Name:** \_\_\_\_\_

**Course/Class missed:** \_\_\_\_\_

I am aware that the above student has missed the course above. I understand that the student is responsible for all missed work and that he/she may not be eligible for a certificate of completion until this class is made up.

**Chief or Officer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Chief or Officer Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_