



## PIMA COUNTY CONFIRMATION OF ATTENDANCE

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Please provide this completed form to your supervisor.

### TO BE COMPLETED BY EMPLOYEE

Name of Employee:

EIN:

Department:

Date:

### 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:

Appointment Time:

Signature of **Aetna Resources for Living Contracted Provider**

Date: