



**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