VERIFICATION OF SOBER SUPPORT ATTENDANCE

| sure this verification is legible and accurate. Secretary name and phone number are required |
|--|

Please check to make sure this verification is legible and accurate. Secretary name and phone number are required.

The meeting hall phone number is not acceptable.

NAME

If attendance cannot be verified and/or is determined to be falsified, sanctions will follow, which can include termination. Please have your treatment counselor sign/initial and date this form to verify your sober support attendance.

| <u>DATE</u> | TIME | MEETING | SECRETARY | PHONE Meeting Hall numbers are not acceptable | TREATMENT SIGNATURE & DATE VERIFIED |
|-------------|------|---------|-----------|---|-------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |