

Scottsville Vol. Fire Department

Meeting Absentee Form

Name: _____ Date: _____

Date of Meeting being missed _____

Contact: President: Vice President: Secretary: Treasurer: Chaplain:

Reason for missing Meeting:

Working Sickness Vacation Training Class

Other Please list reason if other _____

Signature: _____ Date: _____

Contact's Signature: _____ Date: _____

Please fill out and place in Secretary's box prior to the monthly meeting, or if you have contacted one of the persons listed above prior to the meeting, you must fill out within ten days after the meeting date to be counted excused. Contact the President, Vice President, Secretary, Treasurer, and Chaplain in the respected order, until you find someone available, if you are unable to attend and are not able to fill out and submit the form yourself.