



Vanguard Senior Executive Development Program 2020

ATTENDANCE AGREEMENT FORM

By my signature, I am requesting acceptance in the Vanguard Senior Executive Development Program. I understand that once I receive confirmation of attendance, I am required to attend this training course, as scheduled, absent a family or medical emergency.

Employee Name

Employee Signature

Date

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By my signature, I certify that this employee is authorized for training in the Vanguard Senior Executive Development Program. Additionally, I understand that once the employee receives confirmation of attendance, this employee is required to attend the training course, as scheduled, absent a family or medical emergency.

Supervisor Name

Supervisor Signature

Date