



NATIONAL ELEVATOR INDUSTRY

Educational Program

Eleven Larsen Way • Attleboro Falls, MA 02763-1068 • (508) 699-2200
Fax: (508) 699-2495

MAKE-UP TIME VERIFICATION FORM

ATTENTION STUDENT

Please have this form filled in by the make-up instructor and then return it to your assigned instructor to receive the proper credit for your hours in the NEIEP Apprenticeship Program

Assigned Instructor Use ONLY

Date entered into student's record: _____

Initials: _____

Assigned Instructors are required to enter student make up hours and maintain this form in student records. If necessary, NEIEP will request a copy.

Apprentice's Name: _____ **NSI:** _____

Local: _____ **Class Name:** _____

Assigned Instructor's Name: _____

Make-up Instructor's Name: _____

Date of Absence: _____ **Make up Class Date:** _____

Number of Hours Made up: _____

Apprentice's Signature: _____

Assigned Instructor's Signature: _____

Make-up Instructor's Signature: _____