



IBEW LOCAL 595
6250 Village Parkway
Dublin, CA 94568
(925) 556-0595

Officer Meeting Attendance Record

Name: _____ **Date:** _____

Name of Meeting: _____

Dates Attended: _____ **Time:** _____

Dates Attended: _____ **Time:** _____

Meeting Location: _____

Special Instructions: _____

Officer Signature: _____ **Date:** _____

Accounting Department: _____ **Date Paid:** _____

For Office Use Only:
Hours Paid: _____