



*Vanguard Senior Executive Leadership Program 2022*

**ATTENDANCE AGREEMENT FORM**

**By my signature, I am requesting acceptance in the Vanguard Senior Executive Leadership Program. I understand that once I receive confirmation of attendance, I am expected to attend the program, as scheduled, absent a family or medical contingency.**

\_\_\_\_\_  
**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 Leadership Program. Additionally, I understand that once the employee receives confirmation of attendance, this employee is expected to attend the program, as scheduled, absent a family or medical contingency.**

\_\_\_\_\_  
**Supervisor Name**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**