

State of New Jersey
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
CN 340
TRENTON, NEW JERSEY 08625-0340

ATTENDANCE SHEET

TIME: _____	LOCATION: _____
DATE: _____	_____
APPEAL HEARING OF: _____	DATE: _____

NAME/Print	SIGNATURE	TITLE	FUNCTION
			HEARING OFFICER

DEPARTMENT

- 1. _____
- 2. _____ **MANAGEMENT SPOKESPERSON**
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

APPELLANT / GRIEVANT

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____