



Sick/Vacation Leave Request Form

FAMILY FIRST SUPPORT CENTER, INC.

Mental Health, Developmental Disabilities & Substance Abuse Services

We promote positive life-changing results

Office Headquarters
110 SW Center Street
Mount Olive, NC 28365-2124

Phone 919 635 3344

Fax 919 635 3388

Employee Name: _____ **Job Title:** _____

Date Submitted: _____ **Office Location:** _____

Type of Leave: _____ **Leave Start:** _____ **Leave End:** _____

Requests for leave must be submitted to the employee's supervisor in writing using the

Sick/Vacation Leave Request Form

The form must then be delivered to Human Resources at the above office in Mount Olive.

Employee's Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____