



CUMBERLAND COUNTY
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
707B Executive Place * P O Box 1829 * Fayetteville, NC 28302
(910) 321-6449 * Fax: (910) 321-6576

NOTIFICATION OF LEAVE

PARTICIPANT'S NAME (PRINT) _____

DATE SUBMITTED: _____

CHECK TYPE OF LEAVE:

SICK LEAVE _____

ANNUAL LEAVE _____

OTHER _____

DATES OF LEAVE: START _____ END _____

***If you have been on sick leave due to surgery or a lengthy illness more than three (3) days, you are required to bring a note from your physician stating that you can return to work.**

X _____ SCSEP Participant Signature	X _____ Supervisor Signature
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X

Ann Johnson
Administrative Program Officer II

FOR OFFICE USE ONLY: DATA ENTRY SPARQ: _____ INITIAL _____