



# FAMILY SERVICE FOUNDATION

A nonprofit human services agency providing counseling and residential services.

I \_\_\_\_\_ will work for  
(print name)

\_\_\_\_\_  
(print name)

on \_\_\_\_\_  
(date or dates requested)

\_\_\_\_\_  
(signature of employee substituting)

\_\_\_\_\_  
(date signed)

.....  
\_\_\_\_\_  
(signature of regular employee)

\_\_\_\_\_  
(date signed)

\_\_\_\_\_  
(Manager's signature)

\_\_\_\_\_  
(date signed)

FSF form 9/2007

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