



GREYSTOKE

Homes & Support Services Inc.

Request for Vacation Pay

Name: _____
(Please print)

Date: _____

Department: Children's Program Home Care

REQUESTED VACATION PAY AMOUNT (e.g., all, or \$ amount of vacation accrual you wish to access)

Requested Vacation Pay Amount: \$ _____

Requested Payroll Payout Date: _____

Staff Signature

Phone Number _____

For Office Use Only:

Payroll Authorization

Date

Cheque Printed

