



# GREYSTOKE

Homes & Support Services Inc.

## Request for Time Off

Name: \_\_\_\_\_  
(Please print)

Date: \_\_\_\_\_

Department:     Children's Program     Home Care

Days Requested: \_\_\_\_\_

Total number of days requested: \_\_\_\_\_

**CHILDREN'S PROGRAM ONLY...** Persons served you work with (*initials only*), and shift times

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Type of Absence (check choice):

- Vacation (If using accrued vacation pay, please complete Vacation Pay Request Form.)
- Extra Days Off
- Leave of Absence
- Shift Change
- Other \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Supervisor's Authorization / Signature

\_\_\_\_\_  
Date

