

# Greystone Programs, Inc. Time-Off Request

Attention: \_\_\_\_\_  
(Name of Supervisor)

From: \_\_\_\_\_  
(Name of Employee Submitting Request)

|                            |                        |
|----------------------------|------------------------|
| Charge Absence to:         |                        |
| Vacation Time: _____ Hours | Sick Time: _____ Hours |
| Holiday Time: _____ Hours  |                        |
| Personal Time: _____ Hours |                        |

|                                      |                          |
|--------------------------------------|--------------------------|
| Complete When Requesting Full Day(s) |                          |
| Date: ____ / ____ / ____             | Date: ____ / ____ / ____ |
| Date: ____ / ____ / ____             | Date: ____ / ____ / ____ |
| Date: ____ / ____ / ____             | Date: ____ / ____ / ____ |
| Date: ____ / ____ / ____             | Date: ____ / ____ / ____ |
| Date: ____ / ____ / ____             | Date: ____ / ____ / ____ |

|   |                          |
|---|--------------------------|
| Complete When Requesting Partial Day(s) |                          |
| Date: ____ / ____ / ____                | Date: ____ / ____ / ____ |
| Date: ____ / ____ / ____                | Date: ____ / ____ / ____ |
| Date: ____ / ____ / ____                | Date: ____ / ____ / ____ |

\_\_\_\_\_  
(Signature of Employee Submitting Request) \_\_\_\_\_  
(Date)

|  |
|--|
| Approved: _____ Yes _____ No   |
| Reason for disapproval, if applicable: _____   |
|  |
| _____<br>(Signature of Supervisor) <span style="float: right;">_____<br/>(Date)</span> |