



Foster Grandparent Program  
Request for Leave of Extended Leave  
307.223.1051



This form is to be brought to the Foster Grandparent Program Office by the Foster Grandparent requesting the extended leave of absence for Bereavement, Vacation, Extended Summer or Other(Medical) leave. Leaves will only be granted when this form is completed in its entirety with the signature of the volunteer and the FGWR Program Director. Leave will be granted after earned hours have been exhausted.

I, \_\_\_\_\_, request (Please check one):

\_\_\_\_\_ Bereavement

\_\_\_\_\_ Medical (in absence of a Dr.'s note)

\_\_\_\_\_ Annual Leave/Vacation

\_\_\_\_\_ Other (Extended Summer Leave, etc.) \_\_\_\_\_ from the Foster Grandparent Program. I expect to be away beginning on \_\_\_\_\_, and I expect to return to duty on or before \_\_\_\_\_. I understand it is my responsibility to notify my volunteer site of my leave of absence and complete any training packets when appropriate.

\_\_\_\_\_  
Foster Grandparent Volunteer (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date