Fire Department
Leave of Absence Request

Date: _____

Name_____ **Station #**_____ **ID#**_____

Address_____ **City**_____ **Zip**_____

Home Phone_____ **Cell Phone**_____

Type of Leave **Medical** ☐ **Personal** ☐ **Administrative** ☐
Duty ☐ **Non-Duty** ☐

LOA Start Date _____ **Station Approval** _____

Admin. Approval _____
David Roberts

LOA Return/Quit Date _____ **Station Approval** _____

Admin. Approval _____
David Roberts

Notified Lisa Burnham/Barb Losey, Finance and FD Operations: **Start:** _____ **Return/Quit**_____

Comments: _____

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