GRANT COUNTY FIRE DISTRICT #3

1201 CENTRAL AVENUE S • P.O. BOX 565 • QUINCY, WA 98848
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Appendix 04_01_50
RESIDENT REQUEST FOR LEAVE
MUST BE AT LEAST 24 HOURS IN ADVANCE

NAME: _____ DATE: _____

TO BEGIN AT _____ ON _____

AND END AT _____ ON _____

IS THIS SICK LEAVE? ( )YES ( )NO

IS THIS TIME DURING YOUR REGULAR SHIFT? ( )YES ( )NO

IS THIS TIME DURING YOUR SCHEDULED PER DIEM? ( )YES ( )NO

IF YES, WHICH DAYS? _____

IF YES, NAME, DATE, AND SIGNATURE OF PERSON COVERING YOU:

_____

RESIDENT SUBMITTING LEAVE REQUEST SIGNATURE:

_____

APPROVED ( ) BY: _____ DATE _____

DENIED ( ) BY: _____ DATE _____

REASON WHY DENIED: _____

_____