

# Request for Leave of Absence

PLEASE COMPLETE AND SUBMIT THIS FORM TO TRAINING

EMPLOYEE INFORMATION			
Volunteer Name			
Home Address	City	State	Zip
Volunteer Company	Telephone Number <input type="checkbox"/> HOME <input type="checkbox"/> CELL		
ABSENCE INFORMATION			
<input type="checkbox"/> This is a new request.		<input type="checkbox"/> This is an update to an existing request.	
Requested Start Date:	Anticipated Return Date:		
REASON(S) FOR LEAVE			
Please indicate the applicable reason(s) for your leave below.			
<input type="checkbox"/> Employees Own Serious Health Condition ( <b>not work related</b> )			
<input type="checkbox"/> Workplace Injury / Worker's Compensation			
<input type="checkbox"/> Personal Leave (Non-Medical Reason)			
<input type="checkbox"/> Military Leave: Active Duty, Military Caregiver or FML			
POLICY			
<p><b><u>Military Leave:</u></b> Any Volunteer required to perform active military service shall be granted the leave of absence provided by law.</p> <p><b><u>Injury or Health Condition Leave:</u></b> Any Volunteer who has experienced an extended illness or has been injured on or off of duty will be required to have a physician's clearance to return to work.</p> <p><b><u>Personal:</u></b> Any county Volunteer may be granted a leave of absence not to exceed one year, on the approval of the Fire Chief for the purpose of improving his/her training for his/her position, or in the event of urgent personal affairs requiring full attention of the Volunteer.</p> <p><b><u>Return from Leave of Absence:</u></b> The granting of a leave of absence to a Volunteer guarantees the right of his/her return at its expiration, or an earlier date mutually agreed upon by the Fire Chief and the employee. An employee failing to return upon expiration of the leave shall be regarded as having automatically resigned.</p> <p><i>All mandatory credentials shall be current or brought into compliance prior to response upon return.</i></p> <p><input type="checkbox"/> I have read and understand the Volunteer Leave Policy</p>			
Employee Signature:	Date:	Training BC:	Date:
Supervisor Signature:	Date:		