

STATE OF CALIFORNIA
DEPARTMENT OF FORESTRY AND FIRE PROTECTION
FIREFIGHTER I (FFI) INQUIRY

**FFI RESPONSE
RETURN DUE UPON SEPARATION**

RETURNEE'S NAME:		DATE:
ADDRESS:		DATE AVAILABLE TO BEGIN WORK:
CITY:	STATE:	ZIP CODE:
HOME TELEPHONE NUMBER: ()	CELL NUMBER: ()	WORK TELEPHONE NUMBER: ()
RETURNEE'S SIGNATURE:		

TENTATIVE EARLY SEPARATION DATE: _____ (only if early separation is required for prior commitments)

Office Use Only: Date Received in Personnel: _____
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