



PRINCE GEORGE FIRE AND EMS

DATE OF REQUEST: _____

EMPLOYEE NAME: _____

DATE(S) LEAVE TO BE TAKEN: _____

ANNUAL:	HOURS	DAYS
BEREAVEMENT:	HOURS	DAYS
COMP:	HOURS	DAYS
HOLIDAY REPAY:	HOURS	DAYS
SICK:	HOURS	DAYS
TRAINING:	HOURS	DAYS
OTHER:	HOURS	DAYS

SUPERVISOR APPROVAL: _____ DATE: _____

ADMINISTRATIVE CAPTAIN APPROVAL: _____ DATE: _____

DIRECTOR'S APPROVAL: _____ DATE: _____

****PLEASE NOTE THAT ALL LEAVE REQUESTS ARE SUBJECT TO MINIMAL STAFFING. REQUESTS MUST BE MADE 30 DAYS PRIOR TO LEAVE DATE REQUESTED. PLEASE SEE SOP ADMIN 1.1 LEAVE FOR MORE INFORMATION****