



LADY'S ISLAND - ST. HELENA FIRE DISTRICT



Request for Leave

Email to leaveslip@lishfd.org

Name:

Date:

Leave Date(s) Requested:

Type of Leave: Comp. Time

Buddy

Regular

School

Date of Buddy:

Buddy With:

Date of Payback:

Hours of Buddy:

Course:

Location:

Class Date(s):

Class Hours:

Signature of Buddy

Your Signature

Supervisor's Signature _____

Supervisor's Signature _____

Approved

Disapproved

Comments: _____

Assistant Chief: _____ Date _____

Buddy leave will not be approved without payback dates.

Both shift supervisors must approve buddies.

Buddy shifts are to be paid back within 30 days.

School Leave is for school only. You will return to work immediately after class.

To email, click on the globe and envolpe icon on the tool bar.
Click on send copy. Fill in the address, leaveslip@lishfd.org.
Open Outlook and send mail.