OKOLONA FIRE DEPARTMENT
EMPLOYEE LEAVE REQUEST FORM

I, _____ request to use _____ hours of

Type of Leave: _____   Platoon: _____

Starting Date (mm/dd/yy): _____   Starting Time (99:99): _____

Ending Date (mm/dd/yy): _____   Ending Time (99:99): _____

I have checked and verified that I have sufficient time accrued to cover this absence and it does not conflict with other scheduled leave.

_____   _____
Signature of Employee   Date (mm/dd/yy)

Scheduling Officer's Recommendation

I have checked for scheduling conflicts and that this person has sufficient time accrued for this leave.

I recommend: ☐ Approval   ☐ Disapproval

_____   _____
Signature of Scheduling Officer   Date (mm/dd/yy)

Chief's Approval

This request is: ☐ Approved   ☐ Disapproved

_____   _____
Signature of Chief   Date (mm/dd/yy)

Office Use Only

		Current Balance	New Balance
_____			
Date Entered in Computer	Vacation:	_____	_____
	Holiday:	_____	_____
_____	Compensatory:	_____	_____
Entered By:	Emergency:	_____	_____

File Original   *Copy to Employee*   *Copy to Scheduling Officer*