

WHATCOM COUNTY FIRE DISTRICT NO. 7

P.O. Box 1599 • Ferndale, Washington 98248 • (360) 384-0303

LEAVE OF ABSENCE

I, _____, DO HEREBY request a leave of absence from department functions and duties due to the following reason:

Medical: _____ Personal: _____

Please explain: _____
Medical leave requires a release.

This leave is requested for a period of:

30 days ___ 60 days ___ 90 days ___ 180 days ___ 360 days ___ Other ___

Effective this _____ day of _____, _____.

Accepted: _____ Denied: _____

If denied, give reason: _____

Employee/Volunteer Signature: _____

Type or print name: _____

Date: _____

Approved by Signature: _____