

Whatcom County Fire District #7

Request For Time Off

Employee: _____

Date(s) Requested: _____

Time(s) Requested: _____

Mode of Time: Vacation Comp Time Floating Holiday
 Sick Leave Bereavement Time Transfer
 Holiday

Employee Signature

Authorized By

Authorization Date

Employee Portion-Return Upon Approval

Employee: _____

Mode of Time: Vacation Comp Time Floating Holiday
 Sick Leave Bereavement Time Transfer
 Holiday

Dates Requested: _____

Approved Denied

Administration Signature: _____