

GRANT COUNTY FIRE DISTRICT #3

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Appendix 04_01_11-A RESIDENT REQUEST FOR LEAVE MUST BE AT LEAST 24 HOURS IN ADVANCE

NAME: _____ DATE: _____

TO BEGIN AT _____ ON _____

AND END AT _____ ON _____

IS THIS TIME DURING YOUR REGULAR SHIFT? () YES () NO

IS THIS TIME DURING YOUR SCHEDULED PER DIEM? () YES () NO

IF YES, WHICH DAYS? _____

IF YES, NAME, DATE, AND SIGNATURE OF PERSON COVERING YOU:

RESIDENT SUBMITTING LEAVE REQUEST SIGNATURE:

APPROVED () BY: _____ DATE _____

DENIED () BY: _____ DATE _____

REASON WHY DENIED: _____
