NIXA FIRE PROTECTION DISTRICT
NIXA, MISSOURI
REQUEST FOR LEAVE

NAME: _____ TODAY'S DATE: _____ SHIFT: _____

I HEREBY REQUEST THAT I BE AUTHORIZED TO USE THE LEAVE / TIME OFF BELOW

V = VACATION LEAVE S = SICK LEAVE SS = SHIFT SWAP EL= EDUCATIONAL LEAVE CT = COMP TIME F = FUNERAL LEAVE M = MILITARY

ON THE FOLLOWING DATE (S):

DATE: _____ TIME:_____ TOTAL HOURS: _____ TYPE OF TIME OFF REQUESTED: _____ FF ASSIGNED TO COVER SHIFT:_____ DATE CONTACTED:_____

DATE:_____ TIME:_____ TOTAL HOURS: FF ASSIGNED TO COVER SHIFT:_____
TYPE OF TIME OFF REQUESTED:_____ DATE CONTACTED:_____

DATE:_____ TIME:_____ TOTAL HOURS:_____ FF ASSIGNED TO COVER SHIFT:_____
TYPE OF TIME REQUESTED OFF:_____ DATE CONTACTED:_____

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DATE:_____ TIME:_____ TOTAL HOURS:_____ FF ASSIGNED TO COVER SHIFT:_____
TYPE OF TIME REQUESTED OFF:_____ DATE CONTACTED:_____

PERSON SWAPPING SHIFT WITH: _____ SWAPEE SIGNATURE: _____DATE:_____

SHIFT CAPTAIN SIGNATURE_____ DATE: _____ FF S IGNATURE:_____ DATE:_____

REASON FOR TIME OFF: FAMILY REUNION, BIRTHDAY PARTY AND WEDDING._____

ADMINISTRATION

DATE RECEIVED: _____ ☐ APPROVED ☐ DENIED

IF DENIED STATE WHY:_____

APPROVING OFFICER SIGNATURE:_____ DATE:_____