

Middletown Volunteer Fire & Rescue, Co., Inc.

P.O. Box 111 ♦ 7855 Main Street
Middletown, Virginia 22645

Phone: (540) 869-1829

www.middletownfire.com

Fax: (540) 868-2376

LEAVE OF ABSENCE FORM

We recommend submitting the request for leave a month before the expected start date of requested leave. Documentation of leave may be requested upon return.

PERSONAL INFORMATION		
Date:		
Name:		
Mailing Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email:		

TYPE OF LEAVE
<input type="checkbox"/> Military
<input type="checkbox"/> Temporary Job Transfer
<input type="checkbox"/> Medical (<i>Please specify: Pregnancy, illness/surgery-self, illness/surgery-family member, injury, etc.</i>) _____
<input type="checkbox"/> Other: _____ _____ _____

DATES OF LEAVE	
Start Date of Leave:	Expected Return Date:
Additional Information: 	

Member's Signature

Date

Secretary's Signature

Date

President's Signature

Date

OFFICE USE ONLY		
_____ APPROVED	_____ DENIED	Received by: _____
If denied, reason: _____		
_____ DATES OF LEAVE: _____ REINSTATEMENT DATE: _____		