

DeKalb County Fire Department
Request for Leave of Absence

I, _____, am requesting the DeKalb County Fire
(printed name of member)

Department's Executive Committee to consider my Request for Leave of Absence due to the following circumstances that will not allow me to fulfil response and training obligations during the period _____ through _____ (dates not to exceed 6 months per request):

(member is to provide written reason for request)

Signature of requesting member: _____ Date: _____

Action by Executive Committee:

Approved _____

Disapproved _____

Date of Action: _____

Signature of Chief or Executive Committee Member: _____

Note: Members approved for a Leave of Absence will be required to return all issued equipment for absences that will exceed 30 days. Members not approved for a leave of absence will immediately be required to return all issued equipment.