



Lafayette Township Fire Protection District
 4002 Scottsville Road
 Floyds Knobs, IN 47119
 (812) 923-8003-St.1 (812) 923-1961-Fax



Leave Request Form

Employee Name: _____ Rank: _____

Station Assignment: _____ Shift: _____

Type of Leave Requested: Paid Annual Paid Sick Other _____

Actual Dates Requested: _____

Employee Address: _____ Phone: _____

_____ Pager: _____

Employee Signature: _____ Date: _____

I am aware of the above request for leave and I Agree Disagree with this request.
 Reason if disagree: _____

Company Officer Signature: _____ Date: _____

The above leave request is: Approved Denied

Reason denied: _____

Chief Officer Signature: _____ Date: _____

THIS FORM MUST BE COMPLETELY FILLED OUT WITH ALL SIGNATURES IN PLACE BEFORE APPROVAL WILL BE GRANTED