

WINTERGREEN FIRE AND RESCUE VACATION REQUEST FORM

Employee: _____

Date: ___/___/___

Month of Request: _____

Date(s) of Request: _____

Hours Requested Off: _____

No less than 12 hours will be approved.

Reason for Leave:

If a holiday is requested, who is working for you? _____

Employee Signature: _____

Approved

Denied

Reason for Denial:

Officer's Signature: _____