

**Tightwad Fire Protection District
Leave of Absence Request**

I request a Leave of absence Leave of absence extension from the District

From Date: ____/____/____ to Date: ____/____/____

For the purposes of:

I acknowledge that I must have completed my initial performance trial period for my current position.

I also acknowledge that my work performance may influence the approval or denial of my leave of absence request, and I understand that I will be notified immediately if my request has been approved or denied.

I understand that approval of my request entitles me to return to my position or equivalent, as determined by the District Manager or Fire Chief.

I further understand that prior to the end of a leave of absence, I must request a leave of absence extension and that only two (2) consecutive leaves of absence can be taken and failure to do so or failure to return to work after the end of a leave of absence may result in voluntary resignation of employment.

Print Your Name

Position Title (i.e., Firefighter, EMT, etc.)

Signature: _____ Date: ____/____/____