

Volney Volunteer Fire Corporation

3002 State Rt.3
Fulton, NY 13069
315-593-7473



Request for Leave of Absence Form

I _____ am requesting a (check one)

- Medical leave
- Maternity leave
- Leave of absence from the Volney Fire Corporation for the following reasons:

My leave would start on ___/___/___ and last until ___/___/___ . (Maternity leave does not require an end date).

Member signature: _____ Date: ___/___/___

Note: Please attach all supporting Doctor notes, medical papers, ect for review by the executive board.

Office use only

- Reviewed on ___/___/20___
- Leave granted on ___/___/20___
- If leave not granted explain why: _____

President signature: _____ Date: ___/___/20___