



FIRE DEPARTMENT

9 METROTECH CENTER, BROOKLYN NY 11201

COMPANY

To: **Edward Moriarty** Chief Of Uniformed Personnel

From: Firefighter

Date:

Subject: **Bereavement Leave Request**

Name Social Security No.:

Rank : Firefighter Unit : Group

Home Address of Member:

Relationship of Deceased:

Time & Date Leave Effective:

Was Member On Duty When Notified: No

If Yes, Time Excused From Duty:

Transcript of Death: Attached

Respectfully Submitted,

Firefighter Gr. # ,

Examined & Forwarded:

Approved

Disapproved

Company Commander Rank Unit Group Date

Approved

Disapproved

Battalion Chief Unit Group Date

Approved

Disapproved

Deputy Chief Unit Group Date