

This form can be filled out online. Once completed, print the document and sign where appropriate. These instructions will not appear on the print out.

**FIRE DEPARTMENT CITY OF NEW YORK - BUREAU OF PERSONNEL
SPECIAL VACATION REQUEST**

Date:

To: Chief of Uniformed Personnel

From:

Name

Rank

Unit

Social Security Number:

Group:

Date Appointed:

Assigned Unit:

Work Location:

Assigned Vacation Letter:

Vacation Number:

Assigned Dates:

Sequence No.:
(Officer Only)

Requested Dates:

Are these dates listed on the vacation chart: Yes No

If Yes, list the Vacation Number: , Part: and Sequence No.:
(Officer Only)

Reason for the request:

When applicable attach verification of the need for the special vacation, i.e. wedding reservations, plane tickets, vacation reservations, doctor's statement, etc..

Respectfully submitted,

Company Commander _____
Company Gr. Date

Battalion Chief _____
Battalion Gr. Date

Deputy Chief _____
Division Gr. Date