



FIRE DEPARTMENT

vml

To: Officer in Charge Bureau of Personnel
From: Deputy Chief
Date:
Subject: Vacation Leave Interrupted by Medical Leave

NAME:
RANK:
UNIT:
S.S.#:
GROUP #:
DATES OF VACATION PERIOD:
OF WORK DAYS REMAINING IN
VACATION :
DATE & TIME OF ILLNESS OR
INJURY:
ADDRESS & PHONE # OF
CONFINEMENT:
PHYSICIANS NAME:
PHYSICIANS ADDRESS:
PHYSICIANS PHONE #: