

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

9 METROTECH CENTER. BROOKLYN NY 11201

COMPANY

To: **Chief of Uniformed Personnel**

From: **Deputy Chief, Division**

Date:

Subject: **Emergency Leave Request**

Name : Social Security # :

Rank : Unit : Group :

Date and Time of Emergency :

Date and Tour of Emergency Leave :

Name of Family Member Who Is Seriously Ill :

Relationship To Member :

Reason For The Emergency Leave Request :

Chief Officer Investigating Request :

Rank/Unit :

Results Of The Investigation :

(Include Name of Hospital, Attending Physician, etc., who was contacted for verification)

Members Previous Emergency Leaves in This Calendar Year:

Note: Any required documentation shall be attached to this request before forwarding to the Bureau of Personnel.

Deputy Chief, Div.

Grp.

Date