



# FIRE DEPARTMENT

9 METROTECH CENTER. BROOKLYN NY 11201

## COMPANY

To:

From:

Date:

Subject: **Bereavement Leave Request**

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Name

Reference No :

Rank :

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:

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