



FIRE DEPARTMENT

To: Officer in Charge Bureau of Personnel
From: [Name] Lieutenant
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 #:

**DESCRIPTION OF ILLNESS OR
INJURY:**

IF INJURY, HOW OCCURED:

SERVICE OR NON-SERVICE ORIGIN:

Respectfully submitted

Lieutenant, Gr.# , [UNIT]

EXAMINED/FORWARDED:

BATTALION CHIEF _____
BATT. GR. DATE

DEPUTY CHIEF _____
DIV. GR. DATE