



FIRE DEPARTMENT

9 METROTECH CENTER. BROOKLYN NY 11201

COMPANY

To: **Chief of Uniformed Personnel**

From:

Date:

Subject: **Returning to Duty From Vacation Leave Interrupted by Medical Leave**

Name

Reference No :

Rank :

Unit :

Group :

Dates of Original Vacation Period: to

Date Medical Leave Granted:

Date Returned to Full/Light Duty:

No. of Hours remaining in Vac. Period

Adjusted Vacation Dates: to

Respectfully Submitted,

Captain , Gr. # ,

Examined & Forwarded:

Approved

Disapproved

Battalion Chief

Unit

Group

Date

Approved

Disapproved

Deputy Chief

Unit

Group

Date