



WESTERN BERKS FIRE DEPARTMENT

111 Stitzer Avenue | Wernersville, PA 19565 | Phone (610) 678-1332 | Fax (610) 898-4280

<http://www.westernberksfire.org>

LEAVE REQUEST FORM

Employee Name: _____ Date Request Completed: _____

Sick Leave _____ Date(s)

Doctor's note required for five (5) or more days of absence or if sick leave is used before or after a recognized holiday, vacation day, or personal day.

Vacation Leave _____ Date(s)

Bereavement Leave _____ Date(s)

Personal Leave _____ Date(s)

Military Leave _____ Date(s)

Include copy of military orders with form.

Jury Duty/Witness _____ Date(s)

Include copy of jury duty notice or subpoena with form.

Comments _____

Employee Signature _____

Accrued Time: _____ - Requested Time: _____ = Remaining Time: _____

Supervisor Signature: _____ Date: _____

Approved? Yes No

Comments _____
