

**OKOLONA FIRE DEPARTMENT
EMERGENCY LEAVE SUPPLEMENTAL FORM**

Emergency Leave

Name: _____ requests to use _____ hours of emergency leave

Starting Date (mm/dd/yy): _____ Starting Time (hh:mm): _____

Ending Date (mm/dd/yy): _____ Ending Time (hh:mm): _____

For the following emergency:

Emergency leave is to be used for sick/injured immediate family member care or other personal matters that are beyond the control of the employee and such emergencies must be promptly resolved.

Employee Signature

Date

E-Mail to Scheduling - Attach a printed copy of this form to time sheet.

For Office Use Only

Entered By

Date Entered

Total Emergency Leave to Date