

# Okolona Fire Department Report of Call in/ Leave

Person Using Leave _____
Date of Report _____ Time _____
Name of person making report _____

Circle Type of Leave

SICK

INJURY

EMERGENCY

BEREAVEMENT

Date of Incident _____	Time of Call _____
Detailed discription of call or leave _____	
_____	
_____	
_____	
Expected date to return to work _____	Time _____
_____ Signature of person making report	_____ Date
_____ Signature of Scheduling Officer	_____ Date
_____ Signature of Chief	_____ Date

Fax to station 4 - 969-1382 upon completion **and** place into inner office mail.

Employee should complete Employee Leave Request Form and Supplement Forms.