BENSENVILLE FIRE PROTECTION DISTRICT NO 2
TIME OFF / SHIFT SWAP / DUTY COVERAGE

NAME: _____ **DATE SUBMITTED** ____/____/____

REQUEST FOR: ☐ **VACATION (paid)** ☐ **PAID CLASS / TIME OFF** ☐ **SHIFT SWAP**

☐ **VACATION (not paid)** ☐ **UNPAID CLASS / TIME OFF** ☐ **DUTY COVER**

☐ **COMP TIME**

DATE OF REQUEST: _____ **AFFECTED SHIFT** ☐ **BATT 1 (Black)** ☐ **BATT 2 (Red)** ☐ **BATT 3 (Gold)**

TIME PERIOD _____

SUBSTITUTE (If swap) _____ **REPAYMENT DATE** ____/____/____

SIGNATURE OF REQUESTOR: _____ **DATE** _____

SIGNATURE OF SUBSTITUTE: _____ **DATE** _____

SIGNATURE OF MANAGER: _____ ☐ **APPROVED** ☐ **DENIED**

SIGNATURE OF LT/BC _____ ☐ **APPROVED** ☐ **DENIED**

SIGNATURE OF CHIEF _____ ☐ **APPROVED** ☐ **DENIED**

NOTE: Kurtz personnel requesting time off must be submitted a minumum of one week prior to requested date(s).

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SIGNATURE OF MANAGER: _____ ☐ **APPROVED** ☐ **DENIED**
(paramedics only) **Date**

SIGNATURE OF LT/BC _____ ☐ **APPROVED** ☐ **DENIED**

SIGNATURE OF CHIEF _____ ☐ **APPROVED** ☐ **DENIED**
Date

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