

McLane Black Lake Fire Department

Volunteer Participation Amendment Request

NAME: _____ CONTACT PHONE _____

TYPE OF PARTICIPATION AMENDMENT REQUESTED (Check Applicable Item)

- ☐ Leave of Absence (See PPG 2850 "Volunteers-Leave of Absence")
- ☐ Reduction of Participation Hours (See PPG 2811 under "Reduction of Participation Hours")
- ☐ Waiver of Participation Requirements (See PPG 2811 under "Waiver of Participation Requirements")
- ☐ Emergency Request (See PPG 2811 under "Waiver of Participation Requirements")
- ☐ Sick Leave ☐ Personal Illness ☐ Illness of family member (See PPG 2848 "Volunteers-Sick Leave")
- ☐ Vacation Request (See PPG 2849 "Volunteer-Volunteer Vacations")

Period Of Request

From _____ Through _____ (Enter same date in both boxes if only one day)
(MO/DAY/YR) (MO/DAY/YR)

Reason for Request

NOTE: Waiver of Participation Requirements, Reduction of Participation Hours, and Leave of Absence requests require detailed reasons for the request, including how you intend to maintain training hours. Emergency requests require general information.

(Use back of form if more room is needed)

Signature _____

Applicable Approval (Approve/disapprove, initials & date) (See appropriate PPG for required approvals)

Fire Chief _____ ☐ Approve ☐ Deny

AC Operations _____ ☐ Approve ☐ Deny

AC Training _____ ☐ Approve ☐ Deny

HR Director _____ ☐ Approve ☐ Deny

Shift Captain _____ ☐ Approve ☐ Deny

Shift Lieutenant _____ ☐ Approve ☐ Deny

Volunteer Coordinator _____ ☐ Approve ☐ Deny

Date Completed: _____

Original, with all applicable approval/denial initials, must be forwarded to Human Resource Director.