RIDGEFIELD FIRE DEPARTMENT
MUTUAL EXCHANGE REQUEST FORM

Date Submitted: ___/___/___   Submitted By: _____

Date Requested: ___/___/___   Time Off: _____   Shift On Duty: _____

Member to be Off Duty: _____
Member to be On Duty: _____
Name of Officer Notified: _____

This request complies with Section 5.04 of the CBA: Yes: ___ or No: ___

Date Requested: ___/___/___   Time Off: _____   Shift On Duty: _____

Member to be Off Duty: _____
Member to be On Duty: _____
Name of Officer Notified: _____

This request complies with Section 5.04 of the CBA: Yes: ___ or No: ___

Approved By Chief or Assistant Chief:_____

If Disapproved, reason:_____

Entered on Google Calendar: _____