

***Ridgefield Fire Department***

**MILITARY LEAVE REQUEST FORM**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Shift: \_\_\_\_\_

Type of Military Leave Requested: \_\_\_\_\_

Military Date(s) Requested:

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_:\_\_\_\_

End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_:\_\_\_\_

*Please include a copy of any orders for Military Leave*

\_\_\_\_\_  
Approved By

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Notes:

\_\_\_\_\_  
\_\_\_\_\_