

## ***Ridgefield Fire Department***

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

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

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

Date Requested: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full 24 Hours \_\_\_\_\_

12 Hours: \_\_\_\_\_

8 Hours: \_\_\_\_\_

4 Hours: \_\_\_\_\_

\_\_\_\_\_  
Chief's Signature

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

If Disapproval, Reason:

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