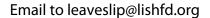


LADY'S ISLAND - ST. HELENA FIRE DISTRICT

Request for Leave





Name:		Date:
Leave Date(s) R	equested:	
Course: Location: Class Date(s): Class Hours: Su	Comp. Time Buddy Regular School	Date of Buddy: Buddy With: Date of Payback: Hours of Buddy: Signature of Buddy Your Signature
	pervisor's Signature _ ☐ Approved	Disapproved
	mments:sistant Chief:	Date

Buddy leave will not be approved without payback dates.

Both shift supervisors must approve buddies.

Buddy shifts are to be paid back within 30 days.

School Leave is for school only. You will return to work immediately after class.

To email, clike on the globe and envolpe icon on the tool bar. Click on send copy. Fill in the address, leaveslip@lishfd.org. Open Outlook and send mail.