

6059 Highway 9, Felton, CA 95018 | (831) 335-5353 | FAX (831) 335-4053 | TDD:(831) 454-2123

VOLUNTEER REQUEST FOR LEAVE OF ABSENCE (LOA)

VOLUNTEER INFORMATION						
Volunteer Name:				Volunteer Company:		
Volunteer Address:						
Phone:	Email:					
ABSENCE INFORMATION						
Request Date:	🗆 1		ПΝ	ew Request	☐Update Ex	isting Request
LOA Start Date:	An		Ant	cipated Return Date:		
REASON(S) FOR LEAVE						
Please indicate the applicable reason(s) for your leave request below:						
□ Volunteer's own serious health condition or injury (not County Fire related)						
To care for an immediate family member (spouse, child, or parent) with a serious health condition.						
Personal leave (non-medical reason)						
☐ To further education or position-related training						
☐ Military Leave: Active duty, military caregiver, or FML						
POLICY						
Injury or Health Condition Leave: Any Volunteer who has experienced an extended illness or injury during their leave of absence will be required to obtain a physician's clearance and submit a completed County Fire Medical Return to Work form to the County Fire Analyst. Personal: Any County Fire Volunteer may be granted a leave of absence not to exceed one year, with the approval of the County Fire Chief for educational purposes, to further position-related training, or in the event of urgent personal matters requiring the Volunteer's full attention. Military Leave: Any Volunteer required to perform active military service shall be granted the leave of absence provided by law. Return from Leave of Absence:						
An approved leave of absence provides the Volunteer the right of return upon expiration or at an earlier date mutually agreed upon by the County Fire Chief and the Volunteer. Failure to return or make positive contact with the County Fire Chief by expiration of the leave shall be regarded as an automatic resignation.						
Upon return from an approved leave of absence, all mandatory credentials shall be current or brought into compliance prior to emergency response.						
☐ I have read and understand the County Fire Volunteer Leave of Absence Policy						
Volunteel	r Signature Date			Company Officer Signato	ıre	Date
Training B	C Signature Date			County Fire Chief (or desig	gnee)	Date