

**Request for Leave**

Date Submitted \_\_\_\_\_ Date Received \_\_\_\_\_

Personal \_\_\_\_\_

Vacation \_\_\_\_\_

Note: COMPLETION OF THIS FORM DOESN'T GUARANTEE TIME OFF  
WITHOUT FINAL APPROVAL FROM SUPERVISOR.

Date of leave \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Name \_\_\_\_\_  
(Please print)

Employee Signature \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Reason Denied \_\_\_\_\_

**SWAP FORM**

Swaps must be completed within the same week.

I \_\_\_\_\_ agree to work the following shift for  
\_\_\_\_\_. Date: \_\_\_\_\_ Time: \_\_\_\_\_.

In return \_\_\_\_\_ will work the following shift  
for \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_.

EMT 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

EMT 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

Supervisor's Signature: \_\_\_\_\_.