



# Walworth Ambulance Inc.

YOUR DONATION MAKES A DIFFERENCE!


P.O. Box 36  
WALWORTH, NEW YORK 14568  
TELEPHONE: (315) 986-1123  
WWW.WALWORTHFIRE-EMS.ORG

## LEAVE REQUEST

NAME: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

LEAVE START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

- All requests for leaves (personal, work, military, school and medical) shall be submitted to and reviewed for approval by the Board of Directors.
- Any person on Probationary Status may only receive a leave for six (6) months and no longer, but the Probationary Status shall be continued for that time when they return.
- A leave of absence, once granted, shall automatically change the member to an Inactive Member and the member shall enjoy only those privileges of an Inactive Member for the duration of the leave.
- Any member on leave for a medical reason shall not return unless a physician has confirmed in writing that the member is physically and emotionally fit for active service.
- Military leaves shall have no maximum duration and the leave shall be counted towards a member's time with active service in the Corporation, except for qualifications for executive or line officer status. Members on military leave shall return to active duty with the Corporation no later than two (2) months after returning from military service.
- Any member on leave may request a permanent change in membership status to Support prior to the expiration of the leave of absence.
- Any person returning from any type of leave may be required by the Director of Operations to complete drills, courses or other requirements at the Director of Operations' discretion. Such requirements shall be submitted to the Board.

<p><b>CURRENT MEMBERSHIP CLASS:</b></p> <p><input type="checkbox"/> Full / Active (Medic/Driver)</p> <p><input type="checkbox"/> Support / Active</p> <p><input type="checkbox"/> Junior / Active (under 18)</p>	<p><b>LEAVE REQUESTED:</b></p> <p><input type="checkbox"/> Personal</p> <p><input type="checkbox"/> Work</p> <p><input type="checkbox"/> Military</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Medical</p> 
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BOARD APPROVAL DATE: \_\_\_\_\_

PRESIDENT'S SIGNATURE: \_\_\_\_\_