

ESCAMBIA COUNTY FIRE RESCUE

EDUCATION LEAVE REQUEST FORM

Name: _____

Class Title: _____

Class Location: _____

Indicate how many hours of Educational Leave have you used this current calendar year and total classes attended on Education Leave.

Number of hours used: _____

Number of classes: _____

List total time needing off. This form is to be submitted to your Battalion Chief via email *no later than 14 days PRIOR to the first day of requested Leave.* After approval by the Battalion Chief, the form will be turned into the ECFR Training Division. The Battalion Chief will place the approved leave into Telestaff once the leave has been confirmed.

Leave Date Requested: _____ Leave Time: _____

Return to work Date: _____ Return Time: _____

I understand that I am allowed 72 hours of leave per **Calendar Year**.

Signature

Date Submitted

(For Battalion Chief or Designated Scheduler)

Date Request Received by Battalion Chief: _____

Battalion Chief Signature: _____

Date Request Received by Training Division: _____

Training Officer Signature: _____