

# ESCAMBIA COUNTY FIRE RESCUE

## EDUCATIONAL LEAVE REQUEST

Name: \_\_\_\_\_

Please clearly list the Class and Location of class.

Class Title: \_\_\_\_\_

Class Location: \_\_\_\_\_

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

Number of Hours: \_\_\_\_\_ Number of Classes \_\_\_\_\_

Please clearly list the total time you need off. This form is to be submitted to your assigned Battalion Chief via e-mail, 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 Office.

Leave Date: \_\_\_\_\_ I will return to work on: \_\_\_\_\_

I understand that I am allowed 72 hours of Educational leave per Calendar year.

\_\_\_\_\_  
Signature

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

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*(For Battalion Chief or Designated Scheduler)*

Date Request Received: \_\_\_\_\_

Battalion Chief Signature: \_\_\_\_\_

Training Officer Signature: \_\_\_\_\_