

Tightwad Fire Protection District
Military Leave of Absence Notification

I am notifying the District of a military leave of absence from the District

From Date: ____/____/____ to Date: ____/____/____

For impending duty with the United States military as follows (attach documentation):

- Military preinduction physical examination during a scheduled work period
- Called to active military duty
- Other mandatory training or activities for the United States military

I understand that this notice entitles me to be reinstated to my former position or equivalent, as determined by the District Manager or Fire Chief, without loss of statute or a reduction in pay.

I further understand that I must make an application for reinstatement of employment within ninety (90) days after release from military service and that if I am on a military leave of absence of a temporary nature, I do not need to make an application for reinstatement of employment.

Additionally, I understand that failure to return to work after the end of a military leave of absence of a temporary nature may result in voluntary resignation of employment.

Print Your Name

Position Title (i.e., Firefighter, EMT, etc.)

Signature: _____ Date: ____/____/____