

**Union Township Fire Department**

**Comp/ETO Time Off Request**

COMP

ETO

**Name of Requesting Person (printed):**

**Date(s) Requested:**

**Hours Requested:**

**Signature of Requesting Person:** \_\_\_\_\_

**Date submitted:**

**Date Rec'd by Scheduling Officer:** \_\_\_\_\_

**Supervisors Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ADMINISTRATIVE SECTION**

(To be completed by Scheduling Officer)

**Time Off Request Status**

Approved

Denied

**Scheduling Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

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Notes:

- Must be submitted minimum 7 days in advance
- Must use four hours minimum
- Routing: Requesting Person, Requesting person's supervisor, Scheduling Officer