

ESCAMBIA COUNTY FIRE-RESCUE

Standard Operating Guidelines

K.W. Perkins

, *Fire Chief*

1110.055

Leave of Absence

Implemented:

Revised:

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PURPOSE

At times, special circumstances may require personnel to request a leave of absence from service. For this policy, a leave of absence will be considered a complete break in attendance, duties, and responsibilities from ECFR.

OBJECTIVE

To provide personnel with a policy that outlines the correct method for requesting a leave of absence.

SCOPE

All Personnel

LEAVE OF ABSENCE

Career personnel, who have exhausted their sick leave and annual leave accounts while on disability leave or compulsory leave, may extend their leave of absence without pay. Additionally, a leave of absence without pay may be granted for any good reason if it does not adversely affect the interests of the county.

LEAVE REQUEST

Leave of absence requests must be made in memo form, accompanied by a leave request form, and approved fourteen (14) days prior to the start date. District Chiefs will approve volunteer requests; the Fire Chief will approve requests by career personnel.

BENEFITS

For career personnel, no sick leave or annual leave will be earned during the leave without pay. If longer than sixty (60) days in a twelve (12) month period, the period will be deducted in computing total length of service. Group medical and life insurance will be continued for twelve (12) months while on leave of absence without pay.

RETURNING FROM LEAVE OF ABSENCE

District Chiefs or the Training/Safety Officer, based upon current certifications, prior experience, and length of time since active participation in the fire and emergency services, may require personnel to complete refresher training upon their return. For a member who has been away for more than one (1) year and not active in the fire service during that time, all probationary requirements must be met.

LEAVE OF ABSENCE REQUEST

Name _____

Address _____

Phone _____

Station# _____ **Rank** _____

Requested Leave Dates _____

**Attach memorandum listing the reason(s) for this leave of
absence request**

APPROVED _____

DENIED _____

District Chief or Fire Chief

Date

**FORWARD COPIES TO THE REQUESTING INDIVIDUAL AND
FIRE-RESCUE HEADQUARTERS**