

**NAVAJO NATION FIRE & RESCUE SERVICES
EMPLOYEE LEAVE & SHIFT TRADE REQUEST**

EMPLOYEE NAME:				DATE OF REQUEST:	
TITLE:		WORKSITE:		SSN:	
TYPE OF LEAVE:					
Annual		Sick		Comp. Time	
				Shift Trade	
				Other	
STARTING DATE:		STARTING TIME:		ENDING DATE:	
ENDING TIME:		TOTAL HOURS:			
NAME OF PERSON TRADING SHIFT WITH:				SSN:	
REQUESTOR'S SIGNATURE:				ACCPETING SHIFT TRADER SIGNATURE:	
<p align="center">NOTE: ANNUAL LEAVE AUTHORIZED, IN EXCESS OF THAT TO YOUR CREDIT WILL BE CHARGED TO LEAVE WITHOUT PAY. IF SICK LEAVE ABSENCE IS 3 DAYS OR MORE, EMPLOYEE MUST SUBMIT WRITTEN PROOF OF ILLNESS OR DISABILITY. ATTACH APPOINTMENT DOCUMENT TO REQUEST. PERSONNEL POLICIES MANUAL AND FIRE DEPARTMENT POLICY APPLIES.</p>					
STATE PURPOSE OF LEAVE OR SHIFT TRADE:					

EMPLOYEE SIGNATURE:		SUPERVISOR SIGNATURE/DATE:		CHIEF APPROVAL/DATE	

**NAVAJO NATION FIRE & RESCUE SERVICES
EMPLOYEE LEAVE & SHIFT TRADE REQUEST**

EMPLOYEE NAME:				DATE OF REQUEST:	
TITLE:		WORKSITE:		SSN:	
TYPE OF LEAVE:					
Annual		Sick		Comp. Time	
				Shift Trade	
				Other	
STARTING DATE:		STARTING TIME:		ENDING DATE:	
ENDING TIME:		TOTAL HOURS:			
NAME OF PERSON TRADING SHIFT WITH:				SSN:	
REQUESTOR'S SIGNATURE:				ACCPETING SHIFT TRADER SIGNATURE:	
<p align="center">NOTE: ANNUAL LEAVE AUTHORIZED, IN EXCESS OF THAT TO YOUR CREDIT WILL BE CHARGED TO LEAVE WITHOUT PAY. IF SICK LEAVE ABSENCE IS 3 DAYS OR MORE, EMPLOYEE MUST SUBMIT WRITTEN PROOF OF ILLNESS OR DISABILITY. ATTACH APPOINTMENT DOCUMENT TO REQUEST. PERSONNEL POLICIES MANUAL AND FIRE DEPARTMENT POLICY APPLIES.</p>					
STATE PURPOSE OF LEAVE OR SHIFT TRADE:					

EMPLOYEE SIGNATURE:		SUPERVISOR SIGNATURE/DATE:		CHIEF APPROVAL/DATE	