

Name:		Date:
Address:		
City:	State:	Zip Code:

Type of Status Change.

i.e. New volunteer, new support volunteer, new hire, new part-time, resignation, leave-of-absence, changing from in-district volunteer to out-of-district volunteer, return for leave-of-absence.

Leave of Absence

If a member is taking a leave-of-absence or returning from a leave-of-absence complete this section.

- Non-medical, Starts Date: _____ End Date: _____
- Medical, Starts Date: _____
- Returned from Leave of Absence - Date: _____

Notes:

Compensation Change

If there is a change in the persons compensation list the change.

Authorizing Signatures

Office Date Fire Chief Date