

BURLINGTON TWP. FIRE DEPARTMENT
STANDARD OPERATING GUIDELINE #30

LEAVE OF ABSENCE

Purpose: For all members to know the proper steps when taking a leave of absence from the department.

Scope: To manage and supervise absence of members of the Burlington Twp. Fire Department.

1. Leave of absence will be limited to 60 days with an update in 30 days to the Fire Chief.
2. If a leave of absence requires more than 60 days, a meeting with the Fire Chief will be required before the 60 days are up.
3. If you are on leave you will not be able to respond to any Burlington Twp. Fire Department incidents, meetings, or events.
4. No later than the day your leave starts you will be required to turn in all Burlington Twp. Fire Department issued equipment (pager, radio, key, uniform, gear, ID, etc.) at the discretion of the Fire Chief.
5. If the leave is due to a medical condition, a medical slip will be required from the doctor ordering the need for leave.
6. If you are on medical leave, and the doctor gives you written permission, you may attend Burlington Twp. Fire Department functions to keep current on Burlington Twp. Fire Department information, with prior permission of the Fire Chief.
7. Upon returning from leave associated with a medical condition, a medical clearance document will be required from your doctor stating you are fit to return to active duty.
8. A member taking leave must fill out the Leave of Absence form (attachment 1).
9. When you decide to return from leave a meeting with the Fire Chief will be required.

**BURLINGTON TWP. FIRE DEPARTMENT
Leave of Absence Request Form**

Request Date: _____

Member Name: _____ Signature: _____

Reason for Leave:

Start Date: _____ Initial: _____ FC: _____

Return Date: _____ Initial: _____ FC: _____

30-day update Date: _____ Initial: _____ FC: _____

All BTFD equipment turned in: Initial: _____ FC: _____

If no, which equipment: _____

After Returning from Leave:

Attach a copy of your doctor clearance document to this form if it was a medical condition leave.

BTFD Equipment returned to member: Initial: _____ FC: _____

If no, which equipment: _____

Member Signature: _____ Date: _____

Fire Chief Signature: _____ Date: _____