



# FIRE DEPARTMENT

9 METROTECH CENTER BROOKLYN NY 11201

## COMPANY

To: **Edward Moriarty** **Chief of Uniformed Personnel**

From: **Firefighter**

Date:

Subject: **Returning to Duty From Vacation Leave Interrupted by Medical Leave**

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Name Social Security No.:

Rank : Unit : Group :

Dates of Original Vacation Period: to

Date Medical Leave Granted: Date Returned to Full/Light Duty:

No. of Hours remaining in Vac. Period

Adjusted Vacation Dates: to

Respectfully Submitted,

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, Gr. # ,

Examined & Forwarded:

Approved

Disapproved

\_\_\_\_\_  
Battalion Chief

Unit

Group

Date

Approved

Disapproved

\_\_\_\_\_  
Deputy Chief

Unit

Group

Date