



FIRE DEPARTMENT

9 METROTECH CENTER BROOKLYN NY 11201

[Reset/Clear Form](#)

SPECIAL VACATION REQUEST

To: Chief of Uniformed Personnel

Date:

Applicant:

Rank:

Division

Reference Number:

Appointment Date:

Group Number:

Available Vac. Hrs:

Battalion

Vacation Letter:

Adjusted Tour:

Work Location:

Vacation hours as shown in City Time

Assigned Unit

Assigned Vac. # :

Requesting:

Assigned Dates:

TO

Dates Requested:

TO

Are these dates on the Vacation Chart:

Vac. #

Sequence if a Officer

Reason for request:

Part or Whole

Attach verification of the need for the special vacation, i.e. wedding reservations, plane tickets, vacation reservations, doctor's statement, etc.

Respectfully submitted,

Company Commander

Company Gr. Date

Battalion Chief

Battalion Gr. Date

Deputy Chief

Division Gr. Date