

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

Type of Status Change

New Volunteer

- Probationary Firefighter
- Support
- Other _____

New Hire

- Full-time
- Part-time, Medic
- Part-time, Firefighter
- Temp-hire, Limited duration. Start Date: _____ End Date: _____
- Other _____

Leave of Absence

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

Notes:

Resignation

- Resigned Date: _____ Note: _____

Compensation Change

- Stipend
 - Duty Officer, Amount \$ _____
 - Duty Shift, Amount \$ _____
 - Other _____ Amount \$ _____
- Part-time Firefighter, Amount \$ _____
- Part-time Medic, Amount \$ _____
- Temp-hire, Limited duration, Amount \$ _____

Service Change, Describe

Authorizing Signatures

Office Date Fire Chief Date