



HORRY COUNTY FIRE/RESCUE

2560 North Main Street, Suite 1
Conway, SC 29526

(843) 915-5190

(843) 915-6190 – Fax



LEAVE REQUEST FORM

Employee Name: _____

Rank: _____

Station Assignment: _____

Shift: _____

Type of Leave Requested: ANNUAL [] SICK [] OTHER [] _____

Actual Dates

Requested: _____

Employee Address: _____

Phone: _____

Pager: _____

Employee Signature: _____ Date: _____

I am aware of the above request for leave and I agree [] disagree [] with this request.

Reason if

disagree: _____

Company Officer Signature: _____ Date: _____

The above leave request is: APPROVED [] DENIED []

Reason

Denied: _____

Staffing Officer Signature: _____ Date: _____

****THIS FORM MUST BE COMPLETELY FILLED OUT WITH ALL SIGNATURES IN PLACE BEFORE APPROVAL WILL BE GRANTED****