



JACKSON HOLE FIRE/EMS

LEAVE OF ABSENCE

A Leave of Absence may be for personal reasons or medical necessity. A member, in good standing for one (1) year, shall be allowed to apply for a three (3) month Personal Leave of Absence in writing to the Chief. The Chief shall approve or deny all leave of absences. A Personal Leave of Absence request for a period longer than three (3) months will require an interview with the Chief regarding the requested leave. The maximum allowable Personal Leave of Absence will be six (6) months. Upon approval of a Personal Leave of Absence longer than three (3) months, the member must return all issued JH Fire/EMS items/equipment, as assigned, to Admin and a letter will be filed in the member's personnel file. The volunteer agrees to return to duty within or by the end of time designated. For complete details on the process for a member to take and return from a Leave of Absence, please see Policy 5-2 Leave of Absence.

An approved Leave of Absence does not affect the volunteer's date of employment for benefit calculations. However, the department will cease to pay for a member's Fire/EMS volunteer pension and AFLAC policy(s) for the duration of a Personal Leave of Absence. The volunteer will be responsible for reimbursement to the department for their Fire/EMS volunteer pension and AFLAC premiums within thirty (30) calendar days after going on a Personal Leave of Absence. Fire/EMS pension and/or AFLAC policy(s) will be cancelled if not paid in the time required. *Please note that a volunteer approved for a Medical Leave of Absence will be excused from paying their Fire/EMS volunteer pension or AFLAC policy(s).

A volunteer is also required to contact their Station Leadership as soon as their Leave of Absence is approved in order to address any potential problems with the completion of their departmental task book.

If the volunteer decides not to return to the department, he/she shall notify the Chief in writing immediately. **Failure to report at the expiration of a Leave of Absence shall be considered a resignation.**

REASON FOR REQUEST: _____

DATE LEAVE EFFECTIVE: _____

DATE LEAVE EXPIRES: _____

Volunteer Name (Print) Volunteer (Signature) Date

Chief Date

Office Use Only

EQUIPMENT RETURNED TO ADMIN: YES or NO DATE _____

PENSION FUND/AFLAC POLICY AMOUNT OWED: _____ DATE DUE: _____

DATE REINSTATED AS ACTIVE MEMBER: _____

Chief approval of reinstatement: _____

(Signature)