



Zone Three Fire Explorers

Post Office Box 824 Kent, WA 98035

253-234-7178

Serving all of the South King County Response Areas
Zone3Explorers.com

LEAVE OF ABSENCE REQUEST

Cadet Name: _____

Date: _____

I am requesting a leave of absence from _____ until _____, for the following reason:

I understand that it is my responsibility to maintain contact with the Lead Advisor on a regular basis during my leave, and that failure to do so may result in my termination from the Zone 3 Fire Cadet Program. Its also the option of the Post Advisors to return your PPE if requested.

Requesting Cadet Signature: _____ Date: _____

Cadet Office Signature: _____ Date: _____

Lead Advisor Signature: _____ Date: _____

Final Disposition:

Reinstatement Date: _____

Termination Date: _____ Reason: _____