

FAUQUIER COUNTY DEPARTMENT OF FIRE AND EMERGENCY
SERVICES

AUTHORIZATION FOR WORK SUBSTITUTION

The undersigned individuals have requested that authorization be given to substitute working hours and agree to comply with the policies as established in the Standard Operating Procedure regarding Work Substitution

SCHEDULED EMPLOYEE

SUBSTITUTE EMPLOYEE

Name (Print)

Name (Print)

AGREEMENT

I _____
Name (Print)

Rank

Fire Station/Shift

Agree to work for:

Name (Print)

Rank

Fire Station/Shift

On _____
Date

_____ **hours**
From (Time)

_____ **hours** .
To (Time)

AUTHORIZED SIGNATURES

Scheduled Employee

Date

Battalion Officer of Scheduled Employee

Date

Substituting Employee

Date

Battalion Officer of Substituting Employee

Date