

**Appendix 3 SOP – Recall of Auxiliary Employees – Jan 2016**  
**BC Wildfire Service**  
**Exemption Request for Late Start or Early Date for Auxiliary Employee**

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**Name:** \_\_\_\_\_ **Employee Number:** \_\_\_\_\_

**Zone/Office:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Current Recall/End Date:** \_\_\_\_\_ **Requested Recall/End Date:** \_\_\_\_\_

**Reason for Request:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LATE START FOR SCHOOL:**

**School/Institution:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**School End Date:** \_\_\_\_\_ **Documentation Attached:** Y  N

**LATE START FOR OFF SEASON EMPLOYMENT:**

**Name of Employer:** \_\_\_\_\_ **Winter Supervisor's Name:** \_\_\_\_\_

**Winter Supervisor's Contact Information:** \_\_\_\_\_

**SIGNIFICANT FAMILY EVENT:**

**Details:** \_\_\_\_\_

**EARLY END DATE:**

**Current End Date:** \_\_\_\_\_ **Requested End Date:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Supervisor to confirm that employees 9 month recall rights will not be exceeded as a result of this exemption approval.

Recall rights unaffected: Y  N

**Zone/Office Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Management Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: Attach appropriate paperwork. (ie. Transcript/Confirmation of Enrolment/Letter from Faculty)  
File: 1385-20 - Standard Operating Procedure – Recall of Auxiliary Employees 2016