

BC Wildfire Service  
Exemption Request for Late Start or Early Date for Auxiliary Employee

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 \_\_\_

\_\_\_\_ Approved \_\_\_\_ Declined **Zone/Office Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_ Approved \_\_\_\_ Declined **Management Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Comments: \_\_\_\_\_