

**BC Wildfire Service
Exemption Request for Late Start or Early End 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: _____