VOLUNTEER STATUS REPORT

TO: Deputy Chief of Operations

EFFECTIVE DATE:_____ START DATE:_____ SERVICE YEARS:_____

This letter is to inform you that Volunteer _____I.D.#_____ has:
☐ Resigned ☐ Dropped ☐ Moved ☐ Retired ☐ Rehired
☐ Medical Leave ☐ Medical Leave reinstatement ☐ Other_____

☐ For the above reason(s), I am requesting that said volunteer be placed on a _____day leave
of absence: Return Date _____
(leave of absences over 60 days requires return of all equipment)

☐ For the above reason(s), and all attached justifications, I am requesting that said volunteer be
removed from Yakima County Fire District #5 volunteer payroll and any future mailings.

☐ For the above reason(s), I am requesting a new Volunteer I.D. number be assigned.
(Old I.D. #_____, New I.D. #_____)

☐ **Attach Documentation Supporting Status Report Change**

☐ **Attach Equipment Inventory List**   ☐ **Exit Interview Survey** (Given to Firefighter)

Requesting Officer's Signature: _____ Date_____

(Forward to D.C. Joel Byam)
===

EMAILED TO **All Staff:** _____ Date_____
(Signature)
UPDATE:
☐ Recognition Awards List   ☐ Station List   ☐ FIF
☐ Door Combination Removal   ☐ ERS Personnel List   ☐ Personnel #s (Blue Book)
☐ ComData   ☐ Bias Payroll   ☐ Trusteed Plans Life Ins.

===

Volunteers Current Mailing Address: _____
Print Clearly (necessary for W2s)

Email Address: _____ Contact Number(s):_____