Prince George Fire & EMS
Request for Trade Time

Requested Date Off: ______________________

Time Trade Requested: ______________________

Employee Requesting Time: ______________________

Employee’s Signature: ______________________ Date: ________

Supervisor’s Approval: ______________________ Date: ________

Employee Agreeing to Work: ______________________

Employee’s Signature: ______________________ Date: ________

Supervisor’s Approval: ______________________ Date: ________

Date time is to be repaid: ______________________

Supervisor Verification of Time Repaid: ______________________

Date Form Returned to Supervisor: ______________________

Date Filed by Supervisor: ______________________

Supervisor Verification: ______________________