

**CITY OF RIVERSIDE FIRE DEPARTMENT
EXPLORER POST 101
LEAVE OF ABSENCE FORM (LOA)**

Explorer name: _____

Division (Training or Operations) _____

Date: _____ Training Officer: _____

Reason for Leave of Absence:

Please note that all issued safety equipment/gear will remain in the Explorer Post 101 Connex during the Leave Of Absence. All issued safety equipment/gear shall be placed in a trash bag and properly labeled with the Explorer's First and Last name. Explorers on LOA will be responsible to return on or before the expiration date or contact an Advisor to request an extension. Failure to communicate when an LOA has expired will result in the Explorer to be marked Unexcused.

Leave Of Absence will Begin on Date: _____

LOA Expires and Explorer will return on date: _____

Post Advisors Signature: _____

Date: _____

Explorer Signature: _____

Date: _____