

Firefighter Fill-in Service

Full Name _____

Seniority Date (mm/dd/yy) _____

Rank _____

Date worked (mm/dd/yy) _____

Job Performed _____

Day Shift

Night Shift

Current Address

I request my check to be mailed to my home address provided

I request my check to be held by the Treasurer
and I will locate him for issuance

Other: State preference below (subject to Local 302 approval)

Signature _____

**** NOTE ****

Firefighter fill-in checks will NOT be available immediately after the exchange of duty has been satisfied. Similar to City payroll checks, disbursements will be made between six (6) and nineteen (19) days after the work has been performed, and distributed per the requested method as selected above.

Office use only

Function:

Meeting:

Per motion or
executive order