



San Juan County
Fire Department

PERSONNEL STATUS FORM

Volunteer Name: _____

District #: _____

PROBATION

ON Probation

Date: _____

OFF Probation

Date: _____

LEAVE OF ABSENCE

ON Leave of Absence

Date: _____

OFF Leave of Absence

Date: _____

RESIGNATION/REMOVAL

Resignation

Date: _____

Removal

Date: _____

Chief/Asst Chief: _____

PLEASE PRINT

Signature: _____

Date: _____