

**MONTHLY HOUR AVAILABILITY REQUIREMENTS RELEASE FORM**

Member Name: \_\_\_\_\_ #: \_\_\_\_\_ Date: \_\_\_\_\_

I request to be released from responsibility for the River Falls Area Ambulance Service's monthly hour availability requirements for the month of \_\_\_\_\_, year \_\_\_\_\_.

Reason for request:

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**RESULT & CONDITIONAL REQUIREMENTS (if applicable):**

- The member is released of responsibility for submitting the minimum hour requirements for the month listed above.
- The member's request is denied. The member is responsible for the minimum hour requirements for the month listed above to avoid disciplinary actions.
- The member's request is approved *contingent upon the condition(s) listed below*:
  - The member agrees to take a minimum of \_\_\_\_\_ hours of call time during the listed month.
  - Other (explain): \_\_\_\_\_

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I understand that this request needs to be approved and signed below by the Service Director in order to be valid. If this contract is not exactly followed with the conditions (if any) listed above, I understand I will be subject to the appropriate disciplinary actions as listed in the department policy. Submission, approval, and adherence to this contract will not reflect negatively upon my membership.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Operations Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_