



15 South School Street, PO Box 273, Mayville WI 53050

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**APPROVAL FORM FOR LEAVE OF WORK  
FOR FIRE/EMS DEPARTMENT PERSONNEL**

I, \_\_\_\_\_, \_\_\_\_\_,  
(Name) (Supervisory Title)

of \_\_\_\_\_  
(Company)

do hereby approve that \_\_\_\_\_,  
(Employee)

is allowed to leave work should the Mayville Fire/EMS Department be called out to assist in an emergency situation for the City of Mayville.

\_\_\_\_\_  
(Signature of Supervisor)