



## CAL-FIRE SUPPORT DIVISION

### PILOT DAY OFF REQUEST

**SUBMIT THIS FORM TO REQUEST ANY DAY(S) OFF OTHER THAN THOSE SCHEDULED OFF**

VACATION

SICK

DAY OFF

EMPLOYEE NAME: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

BASE LOCATION: \_\_\_\_\_

CHECK BOX IF REQUESTING ONLY ONE (1) DAY OFF, ENTER SINGLE DAY OFF ON "FROM" LINE BELOW.

DATE(S) REQUESTED: FROM \_\_\_\_\_ TO \_\_\_\_\_

I UNDERSTAND THE FOLLOWING:

1. I may not change my assigned DAY OFF without Amentum approval.
2. I may not work on a scheduled day off without Amentum approval.
3. I must provide the Air Attack Base with the name and phone # of the pilot relieving.
4. Unless advised otherwise, I will not be paid on a day off.
5. A day off request will be denied if it will cause an aircraft to go UN-STAFFED.
6. A day off request will be denied if it will cause a Relief Pilot to exceed duty limits.
7. Paid days off must be used prior to requesting unpaid days off.  
(a) Northern Pilots receive four (4) days PTO, Southern Pilots receive seven (7) days PTO per the CBA.

NAME OF PILOT COVERING FOR YOU: \_\_\_\_\_

SIGNATURE OF PILOT COVERING FOR YOU: \_\_\_\_\_

HAVE YOU NOTIFIED THE PILOT OF COVERAGE DATES: YES  NO

EMPLOYEE SIGNATURE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

FAX THIS FORM TO AMENTUM MCC @ 916-561-3324