

Christiana Fire Company

Monthly Meeting Waiver

To: President/Personnel Officer

Today's Date: _____

I am unable to attend the monthly Board of Directors/Company Meeting, scheduled for _____
Due to the following reason:

(Meeting Date)

Work

School

Illness

Member's Signature: _____ Print Name: _____

Approved Signature:

President/Personnel Officer: _____ Date _____

Revised 03/28/2015

Christiana Fire Company

Monthly Meeting Waiver

To: President/Personnel Officer

Today's Date: _____

I am unable to attend the monthly Board of Directors/Company Meeting, scheduled for _____
Due to the following reason:

(Meeting Date)

Work

School

Illness

Member's Signature: _____ Print Name: _____

Approved Signature:

President/Personnel Officer: _____ Date _____

Revised 03/28/2015
