



**DIVISION OF FIRE AND RESCUE SERVICES  
MONTGOMERY COUNTY, MD**

**AWOL REPORT**

To: \_\_\_\_\_

Date: \_\_\_\_\_

From: \_\_\_\_\_

Station Assigned: \_\_\_\_\_

Shift: \_\_\_\_\_

Scheduled Reporting Time: \_\_\_\_\_

Time Employee Notified  
Station: \_\_\_\_\_

Actual Reporting Time: \_\_\_\_\_

Reason For AWOL: \_\_\_\_\_

\_\_\_\_\_

I Do  Do Not  want the union to receive a copy of this report

Signature: \_\_\_\_\_  
Employee

Date: \_\_\_\_\_

Supervisor's Comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_  
Supervisor

Date: \_\_\_\_\_

Disposition

Check One  Excused AWOL  Unexcused AWOL

Action Taken: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_  
Supervisor

Date: \_\_\_\_\_