JAMAICA FIRE BRIGADE
NOTIFICATION OF RESUMPTION OF DUTY

To: Director of Human Resource Management and Development
Brigade Headquarters

This is to certify that I:-

*JFB/_____ Rank:_____)
) Name:_____
* ENo/_____ Post:_____)
(**Delete as necessary)**

of _____ have resumed duty at the_____
(**Please print location assigned)**

with effect from _____ following my return from_____
(Date)

_____
(State number of days Vacation Leave, Study Leave, Suspension, Course Title, etc).

☐ I also wish to continue to earn leave beyond my maximum entitlement. **(Please tick if applicable)**

Signature:_____ Date:_____

In acknowledgement of the above resumption of duty, the space below is to be countersigned by either the Supervisor, Divisional Head, the Watch Commander or the District Officer in charge of the Watch.

Signature:_____

(Name:_____ Date:_____
Print – (&
(Post Title:_____

Kindly tick the appropriate allowance{s} of which the individual is entitled:
☐ Acting ☐ EMT Basic ☐ Driving ☐ Tradesman ☐ EMT Intermediate ☐ Instructor ☐ Other

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