

<p style="text-align: center;"><b>TOWNSHIP FIRE DEPARTMENT</b> <b>CHAPTER 1: ADMINISTRATION OPERATIONS</b></p>
<p>Part 2: Administrative Policies Subject: Suspension Page 1 of 3 Effective Date: 08-22-05</p> <p style="text-align: right;">Section: 1-2-23 Revised Date:</p>

23.01 PURPOSE. To clearly define an avenue for suspended firefighters to re-establish themselves as active members of Township Fire Department, Inc. which from here on will be referred to as the Department.

23.02 PROCEDURE TO SUSPENDED FIREFIGHTERS.

1. If a member is being suspended, the Assistant Chief and the Battalion Chief of the station involved shall meet face to face with the firefighter involved to discuss the reason for suspension, options, and procedure to be followed.
2. When a member is suspended, for whatever reason or length of time, a form shall be filled out with the date of the suspension and the period of time relating to the suspension and will be placed in the file of the person involved along with the equipment return form.

23.03 SUSPENDED FIREFIGHTERS.

1. To again become active with the Department, a re-instatement form must be filled out and reviewed by the Battalion Chief of that station. If the Battalion Chief feels an interview is appropriate, a meeting will be arranged with the Battalion Chief and Assistant Chief to discuss the issue for recommendation of re-instatement.
2. The Department Board of Directors, and Fire Chief shall make the final decision for re-instatement – on recommendation of the Battalion Chief of that station and the Assistant Chief.
3. No equipment, ID card, pager etc. shall be issued until authorized by the Chief of the Department.

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**TOWNSHIP FIRE DEPARTMENT, INC.**  
**SUSPENDED FIREFIGHTER FORM**

Name of Firefighter: \_\_\_\_\_ Date of Suspension:  
\_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

Reason for suspension:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Eligible for re-instatement? Yes No If so, date of eligibility: \_\_\_\_\_

If the firefighter in suspension is eligible for re-instatement, a re-instatement form shall be filled out and reviewed by the Battalion Chief of that station. If the Battalion Chief feels a review is necessary, a meeting with the applicant, Battalion Chief and Assistant Chief may be arranged for future recommendations.

Signature of Firefighter: \_\_\_\_\_ Date:  
\_\_\_\_\_

Signature of Battalion Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Assistant Chief: \_\_\_\_\_ Date:  
\_\_\_\_\_

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**TOWNSHIP FIRE DEPARTMENT, INC.**  
**FIREFIGHTER RE-INSTATEMENT FORM**

FIREFIGHTER TO FILL OUT:

Name of Firefighter: \_\_\_\_\_ Date of Suspension:  
\_\_\_\_\_

Station: \_\_\_\_\_ Date of Eligibility:  
\_\_\_\_\_

Address:  
\_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Business:  
\_\_\_\_\_

Reason for Suspension:  
\_\_\_\_\_

I \_\_\_\_\_ am requesting re-instatement as a Township  
Firefighter on (today's date m/d/y): \_\_\_\_\_ .

BATTALION CHIEF and ASSISTANT CHIEF TO FILL OUT:

If interview has been requested by Battalion Chief with the Assistant Chief, the meeting  
date has been set for: \_\_\_\_\_ at \_\_\_\_\_ time  
\_\_\_\_\_

Approved / Denied \_\_\_\_\_ Battalion Chief Station #  
\_\_\_\_\_

Approved / Denied \_\_\_\_\_ Assistant Chief

Comments:

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Date of Board Approval: \_\_\_\_\_ Date of Re-Instatement:

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Signature of Chief: \_\_\_\_\_ Date: \_\_\_\_\_