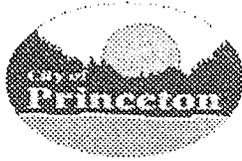


EXHIBIT II



CITY OF PRINCETON
FIREFIGHTER
REQUEST FOR LEAVE OF ABSENCE

Name: Jason Baumunk

Home Address: 29666 152nd st NW

City/State: Zimmerman MN Zip Code: 55398

Home Phone: 612-598-1695 Work Phone: _____

Cell Phone: _____

Type of Leave Requested: Regular (6 Mo.) Regular/Extension (3 Mo.)

Armed Forces Medical

Note: For an Armed Forces Leave, please attach a photocopy of your orders.
For a Medical Leave, please attach documentation from your doctor.

Anticipated Beginning Date of Leave: 5/24/22

Anticipated Ending Date of Leave: 11/24/22

(Note: If you do not return by the ending date, your absence will be considered a voluntary termination)

Reason for requesting leave (please be specific): Unexpected surgery, 2 week recovery period. Right into 3+ weeks of vacation followed by 2 weeks of unavailability due to work

Applicant Signature: [Signature] Date: 5/24/22

----- Do Not Write Below This Line -----

Does the applicant have at least one year of service? Yes: No:

Is the required support documentation attached? Yes: No:

PFRD Executive Board Approval/Denial: _____ Date: _____

City Council Approval/Denial: _____ Date: _____

Remarks: _____