

Appendix E  
North Tonawanda Fire Department  
Substitution Report Form

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

Employee to  
be replaced: \_\_\_\_\_

Date of Substitution: \_\_\_\_\_

Platoon of Employee to be Replaced: (circle) 1 2 3 4

\_\_\_\_\_  
Signature of Agreement to be Replaced

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Substitute for Employee:

\_\_\_\_\_

Date of Substitution: \_\_\_\_\_

Platoon of Substitute Employee: (circle) 1 2 3 4

\_\_\_\_\_  
Signature of Agreement to Replace Employee A

Remarks \_\_\_\_\_

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\_\_\_\_\_  
Officer in Charge and Date Accepted