

SENECA COUNTY Emergency Medical Services



Date		

Dear Employer,

This is to formally notify you, under provisions pursuant to Ohio Revised Code Section 4113.41, that ______ is an active member of the Seneca County Emergency Medical Service as a volunteer Emergency Medical Technician (EMT).

Please be aware that the above named individual may exhibit instances of tardiness or absenteeism in carrying out their role in an emergency incident, and will make every reasonable attempt to notify you of this delay. Verification of involvement is available upon request.

Thank you for your understanding and support in this matter as we continue to provide for the emergency needs of the citizens.

Sincerely,

Ken Majors RN, EMT-P Seneca County EMS Director