De	partment of Lab			
	NATIONAL CA	PITAL REGIO	ON	
REQUEST FO	R CANCELLA	TON OF A	PPROVED LEAVE	
OFFICE / DIVISION: NAME: (Surname) (First Name) (Mid				
S. 1.02 2.1.1010 1.1.1		,	(1.1.00114.11.0)	(
DETAILS OF CANCELLATION				
TYPE OF LEAVE TO CANCEL:				
() Vacation Leave (VL)		INCLUSIVE	DATE/S:	
() Sick Leave (SL)			F CANCELLATION:	
() Compassionate Time-Off (CTF)				
() Compensatory Time-Off (CTO)				
() Special Privilege Leave (SPL)				
OTHERS '				
DETAILS OF ACTION ON REQUEST				
		HR ACTION:		
		() APPROVED () DISAPPROVED		
		DECENTED BY		
		RECEIVED	BY:	
Signature of Employee		HR-Unit Personnel		
Signature of Employee Note: Accomplished this form in two (2) copies. In case of change in		leave dates, refilling of leave application is required.		
(-),,,,,,,,,,		,	g	1
De	partment of Lab			
	NATIONAL CA	PITAL REGIO	ON	
REQUEST FOR CANCELLATON OF APPROVED LEAVE				
OFFICE / DIVISION: NAME: (Surna			(First Name)	(Middle I.)
	`	,	,	,
	DETAILS OF C	ANCELLAT	ON	
TYPE OF LEAVE TO CANCEL:				
() Vacation Leave (VL)	INCLUSIVE			
() Sick Leave (SL)	REASON OF		F CANCELLATION:	
() Compassionate Time-Off (CTF)				
() Compensatory Time-Off (CTO)				

DETAILS OF CANCELLATION TYPE OF LEAVE TO CANCEL: () Vacation Leave (VL) () Sick Leave (SL) () Compassionate Time-Off (CTF) () Compensatory Time-Off (CTO) () Special Privilege Leave (SPL) OTHERS DETAILS OF ACTION ON REQUEST HR ACTION: () APPROVED RECEIVED BY: Signature of Employee Note: Accomplished this form in two (2) copies. In case of change in leave dates, refilling of leave application is required.