

Department of Labor and Employment NATIONAL CAPITAL REGION		
REQUEST FOR CANCELLATION OF APPROVED LEAVE		
OFFICE / DIVISION:	NAME: (Surname) (First Name) (Middle I.)	
DETAILS OF CANCELLATION		
TYPE OF LEAVE TO CANCEL: <input type="checkbox"/> Vacation Leave (VL) <input type="checkbox"/> Sick Leave (SL) <input type="checkbox"/> Compassionate Time-Off (CTF) <input type="checkbox"/> Compensatory Time-Off (CTO) <input type="checkbox"/> Special Privilege Leave (SPL) _____ OTHERS	INCLUSIVE DATE/S: _____ REASON OF CANCELLATION: _____ _____	
DETAILS OF ACTION ON REQUEST		
_____ Signature of Employee	HR ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECEIVED BY: _____ HR-Unit Personnel	
Note: Accomplished this form in two (2) copies. In case of change in leave dates, refilling of leave application is required.		

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