

Vacation Cancellation Request

Employee Name

Omar Abdelrahman

Employee ID

EMP12345

Cancellation must occur before the vacation start date.

Vacation Type

Annual Leave

Start Date

08/20/2025

End Date

08/25/2025

Period (Days)

6 days

Original Attachments

Seq	File Name
1	travel_itinerary.pdf
2	vacation_request_form.jpg

Cancellation Reason

Optional

Cancel

Submit Cancellation