**CANCELLATION OF LEAVE FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  | | **Employee No:** |  |
| **Position:** |  | | **Date:** |  |
| **Leave Type:** |  | | | |
| **Dates Booked** | **From:** (day/month/year) | **To:** (day/month/year) | **Total number of Days:** |  |

**Please cancel my leave as above. If I am cancelling within 4 weeks of my leave and I have a pre-arranged flight booked I understand any costs associated with the flight changes/cancellation will be shouldered by me.**

|  |  |
| --- | --- |
| **Signed:** |  |

**Approved:**

…………………………………………………… Date: ……………………………………….

Supervisor/Manager

**For Operations Coordination Action:**

|  |  |
| --- | --- |
| **Annual Leave Removed From Roster:** | *(initials)* |

|  |  |  |  |
| --- | --- | --- | --- |
| Passed to HR by: (*(initials/date)* |  | Received by HR:  (*(initials/date)* |  |

**For HR Action:**

|  |  |
| --- | --- |
| Annual Leave Entitlement: |  |
| Leave passes submitted to date: |  |
| Leave cancelled to be credited |  |
| New Leave Balance |  |
| Leave Record Actioned by: | *(initials)* |