



Eastern University

Received Date

Filled up by HR Section

Leave Cancellation Form

NB: Need to submit 01 day before the commencement of leave

Name of Applicant: Employee ID

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Please don't forget to fill up Employee ID

Department: Designation:

Nature of leave was applied for (please tick only one):

Casual ☐ Earned ☐ * Medical ☐ ** Duty ☐

Study ☐ Maternity ☐ Special ☐

Duration of leave applied for

D	M	Y

to

D	M	Y

 Total days:

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I hereby request to cancel my above mentioned leave.

Date: Signature of the applicant: