

## Employee Information

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_

Faculty / College: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Request for Cancel: ☐ Sick Leave Period: \_\_\_\_\_ to \_\_\_\_\_ Total: \_\_\_\_\_ Day(s)  
☐ Vacation Period: \_\_\_\_\_ to \_\_\_\_\_ Total: \_\_\_\_\_ Day(s)  
☐ Personal Leave Period: \_\_\_\_\_ to \_\_\_\_\_ Total: \_\_\_\_\_ Day(s)  
☐ Maternal Leave Period: \_\_\_\_\_ to \_\_\_\_\_ Total: \_\_\_\_\_ Day(s)  
☐ Paternal Leave Period: \_\_\_\_\_ to \_\_\_\_\_ Total: \_\_\_\_\_ Day(s)

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your leave of absence has been cancelled in the leave of absence record for \_\_\_\_\_ Day(s)

Document Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*PLEASE NOTE:** Employee needs to attach approved leave document to verify leave cancellation.

## Leave of Absence Record

Type of Leave	Previous Leave (days)	Present Leave (days)	Remaining Days of Leave	Officer's Signature
Sick Leave				
Vacation				
Personal Leave				
Maternal Leave				
Paternal Leave				

## Consideration of Supervisor / Dean

☐ Approved  
☐ Disapproved Notes: \_\_\_\_\_

Supervisor / Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_