

Cancellation of Annual Leave

Name

First (Print) Last (Print)

Scheduled Leave

_____ Through _____

Beginning Date Ending Date

Non-Scheduled Day

Day of Week Date

Cancel leave for the full week

OR

Cancel leave for the following day(s)

Place X in the box next to day(s) canceling and print date

<u>Day of Week</u>	<u>Date</u>
<input type="checkbox"/> Monday	_____
<input type="checkbox"/> Tuesday	_____
<input type="checkbox"/> Wednesday	_____
<input type="checkbox"/> Thursday	_____
<input type="checkbox"/> Friday	_____
<input type="checkbox"/> Saturday	_____

Signature Date