



CANCELLATION REQUEST

All fields mandatory.

1. Employee details (to be completed by employee)

Surname	<input type="text"/>	First name/s	<input type="text"/>
Date of birth	<input type="text"/>	LSL number	<input type="text"/>

2. Leave cancellation details

Leave application type (please complete a or b):

a) In-service Period of leave From: To:

OR

b) Cessation Date ceased:

3. Reason for cancellation

Employee's signature Date

4. Employer details (to be completed by an authorised officer)

Leave authorisation number

Employer name Employer ID

Employer email

Employer's signature Date

Return email address if you have NOT YET RECEIVED reimbursement for this leave period: leave@coallsl.com.au
Return email address if you have ALREADY RECEIVED reimbursement for this leave period: claims@coallsl.com.au

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