



CANCELLATION REQUEST

1. EMPLOYEE DETAILS (to be completed by employee)	
LSL number	Date of birth
Surname	First name
Email	Phone
Address	
Suburb	State Postcode
2. LEAVE CANCELLATION DETAILS (to be completed by employee)	
Leave application type (please select only one) Cessation In-service	
Note: please only fill in one of the two options below. You must use the details originally supplied on application request.	
1. Cessation application	
Cessation date	Cessation code*
	*Cessation codes we accept are: 01 – Retirement, 02 – Ill Health, 04 – Redundancy and 05 – Other.
Hours requested Total entitlement Specific hours:	
2. In-service application	
Start date	End date Hours applied for:
3. EMPLOYEE ACKNOWLEDGEMENT	
Employee sigr	nature Date
Employer Use ONLY	
4. EMPLOYER DETAILS	
Leave Authori	sation number
Employer nam	ne Employer ID
Form must be submitted by an employer authorised contact. Coal LSL cannot accept forms from employees.	

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Submit form online via Online Services

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