

CANCELLATION REQUEST

1. Employee details (to be completed by employee)

Surname First name(s)

Date of birth LSL Number

Postal address

Suburb State Postcode

Email

2. Leave cancellation details (to be completed by employee)

Leave application type (please select **one**) Cessation In-service

Details originally supplied on application request

Cessation Application	In-service Application
Cessation date: __ / __ / ____	Start date: __ / __ / ____
Cessation code:	End date: __ / __ / ____
Hours requested <input type="checkbox"/> Total entitlement <input type="checkbox"/> Specific hours _____	Hours applied for:

3. Employee acknowledgement

Employee signature Date

4. Employer details (MUST be completed and signed by an authorised contact)

Leave authorisation number

Employer name

Employer ID Date

Contact name Contact signature

Employer email

Return email address: leave@coallsl.com.au

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