



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 _____ Phone _____

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 Total entitlement		Hours applied for:
Specific hours _____		

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 _____

The authorised contact email address provided must be registered with Coal LSL.

Forms must be submitted by an employer authorised contact. Coal LSL cannot accept forms from employees.

Return email address: leave@coallsl.com.au

Privacy Statement: Personal information collected by Coal LSL is protected by the Privacy Act 1988. Our privacy policy is available at coallsl.com.au