

ALCORN STATE UNIVERSITY
Alcorn State, Mississippi

CANCELLATION OF APPROVED LEAVE

TO: Office of Human Resources
FROM: _____
DATE: _____

Please cancel my leave scheduled to start on the following date:

_____ and ending
(Time) (Day) (Date)

_____ for the following reasons:
(Time) (Day) (Date)

- _____ Administrative Change
 - _____ Trip Cancelled by Sponsor
 - _____ Scheduled for Another Time
 - _____ Other _____
 - _____
 - _____
- (Please Be Specific)

Employee: _____
Department Head: _____
Administrative Head: _____
Director of Human Resources: _____

Note: This form must be submitted in triplicate.