

ABSENCE / LEAVE REQUEST REVERSAL

If for any reason a requested leave is not taken, please indicate the date(s) below and have your supervisor certify the information by signing in the space indicated. Please return this form to the Business Office within one week after the date of the requested leave.

Requested days of leave will be recorded as actually taken unless the Business Office is properly notified.

Employee Name (please print)

Leave Type Requested (Originally)

Leave Date(s)

Reason for Withdrawal of Request

Employee's Signature

Date

Supervisor's Signature

Date