



Flagler County Schools
Human Resources Department
Leave Cancellation Notice

Name: _____ Social Security #: _____

School/Department: _____

Type of Leave Applied for to be Cancelled:

- | | |
|-------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Personal Illness | <input type="checkbox"/> Personal Leave with Pay |
| <input type="checkbox"/> Personal Leave w/o Pay | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Illness of _____ | <input type="checkbox"/> FMLA |
| <input type="checkbox"/> Death of _____ | <input type="checkbox"/> Temporary Duty Elsewhere |
| <input type="checkbox"/> Jury Duty or Subpoena | <input type="checkbox"/> Military Leave |
-

Date(s) and Time of Leave : _____

Amount of hours being cancelled: _____

Signature of Employee

Signature of Principal/Supervisor