

**Prince of Songkla University**

**Application for Amendment/Cancellation of Leave Request**

(Address).....  
 .....  
 (Date).....  
 .....

Leave Request Amendment/ Cancellation  
 To.....  
 I, Mr./Mrs./Ms.....position.....  
 Organisational unit belongs to : Department/ Unit.....  
 Faculty/ Center.....  
 wish to file for an amendment/ cancellation of the leave requested on (date).....  
 .....  
 Reasons for the amendment/ cancellation seek.....  
 .....  
 .....

Fill spaces in the table below if it is the case of amendment of leave request.

Original Leave Request	Desired Amendment of Leave
Type of leave : Matrimony/ sick/ personal/ vacation leave	
Original starting date : .....	New starting date.....
Original Ending date.....	New ending date.....

Signature.....Applicant :                      Date...../...../.....

Recommendation	Authorization : (Dean/Director/Head of department/ organizational unit head)
<input type="checkbox"/> Recommend <input type="checkbox"/> Not recommend	<input type="checkbox"/> Approve <input type="checkbox"/> Not approve
Signature.....Recommender Date...../...../.....	Signature..... Date...../...../.....

**Note :**  
 For a cancellation or for an amendment of leave which resulting in the change in the starting date, it must be submitted and approved before the starting date of the original leave or of the new desired starting date, whichever comes first, otherwise it must not be later than the ending date of the original ending date or the new desired ending date, whichever comes first.