



**NATIONAL CENTER FOR MENTAL HEALTH
HUMAN RESOURCE MANAGEMENT OFFICE
REQUEST FOR CANCELLATION / RE - SCHEDULING OF
APPROVED LEAVE / CTO**

*HRMO Request
FCRSAL-CTO
Rev. 1
08 Apr 2024*

Date of Filing: _____			
Name:		Position:	Area of Assignment:
<input type="checkbox"/> Cancellation		<input type="checkbox"/> Re-Schedule	
Date of Approved Leave / CTO	Type of Leave	Date	
		Cancellation	Re-Scheduled
Reason:			
_____ (Signature Over Printed Name) EMPLOYEE SIGNATURE			
Signature Over Printed Name IMMEDIATE SUPERVISOR	Signature Over Printed Name CHIEF OF SECTION	Signature Over Printed Name CHIEF OF SERVICE	

		NATIONAL CENTER FOR MENTAL HEALTH HUMAN RESOURCE MANAGEMENT OFFICE REQUEST FOR CANCELLATION / RE - SCHEDULING OF APPROVED LEAVE / CTO		<i>HRMO Request FCRSAL-CTO Rev. 1 08 Apr 2024</i>

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