

# KERN VALLEY STATE PRISON SUPERVISOR'S HOLIDAY TIME OFF CANCELLATION

I, Sergeant/Lieutenant \_\_\_\_\_ am requesting to cancel  
(Print Name)  
my Holiday Time Off which was approved for \_\_\_\_\_  
(Day of week)  
\_\_\_\_\_  
(Month/Day/Year)

Thank you in advance, your favorable consideration in this matter would be greatly appreciated. If you have any questions regarding this request, please feel free to contact me at extension \_\_\_\_\_.  
(Number)

\_\_\_\_\_  
(Supervisors Signature)

\_\_\_\_\_  
(Date)

**Correctional Captain Approved/Disapproved:** \_\_\_\_\_

**NOTE: Cancellation is not complete without the Correctional Captain's approval.**

**REMINDER: YOU MUST CANCEL YOUR REQUEST AT LEAST THREE DAYS IN ADVANCE OF YOUR APPROVED HOLIDAY TIME OFF.**

**Comments:**

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