## FORM FOR CHANGING HOLIDAY

Change of ordinary holiday/special holiday already registered

Name:				
CPR number: (Personal identity number)				
State which of your ordinary holiday you would like to cancel:	Registered days o	of your <b>ordin</b> To:	ary holiday to be cancelled:	
State which of your special holiday you			al holiday to be cancelled:	
would like to cancel:	From:	То:		
Instead I take my:	Ordinary holiday  Date for the <b>first day</b> of your <b>ordinary holiday</b> :  Date for the <b>last date</b> of your <b>ordinary holiday</b> :			
Instead I take my:	Special holiday Date for the <b>first</b> Date for the <b>last</b> (			Number of holidays:
Date: Signature of employee:			Date: Signature of head of depart	ment/group leader:
This form must be handed in to Jane Jamshidi, QGM, Department of Math. Sciences				