

FORM FOR CHANGING HOLIDAY

Change of ordinary holiday/special holiday already registered

Name:		
CPR number: (personal identity number)		
State which days of your ordinary holiday you would like to cancel:	Registered days of your ordinary holiday to be cancelled	
State which days of your special holiday you would like to cancel:	Registered days of your special holiday to be cancelled :	
Instead I take my:	Ordinary holiday	Number of days: _____
Instead I take my:	Special holiday	Number of days: _____
Date: _____ Signature of employee: _____	Date: _____ Signature of head of department _____	
This form must be handed in or mailed to your local secretariat		