

APPLICATION TO RESTORE ANNUAL LEAVE

TO BE COMPLETED BY EMPLOYEE:

1. Name: _____ SSN: _____

Code: _____ Telephone: _____

Position Title/Grade: _____

2. Original Leave Request Dates: _____ Total Hours: _____

Was the original leave request submitted prior to 21 December 2001? Yes No

Reason for Cancellation or Disapproval: (*Attach SF71 and current Leave & Earning Statement*)

Rescheduled Leave Request Dates: _____ Total Hours: _____

Was the disapproved leave rescheduled and submitted prior to 21 December 2001? Yes No

Reason for Cancellation or Disapproval: (*Attach SF71 and current Leave & Earning Statement*)

3. Amount of Leave to be restored: _____ (*hours*)

(*Employee Signature*)

(*Date*)

TO BE COMPLETED BY IMMEDIATE SUPERVISOR:

4. I reviewed the attached SF71 and Leave and Earning Statement, and concur with the employee's request for restoration of annual leave.

(*Supervisor Signature*)

(*Date*)

TO BE COMPLETED BY HRO:

5. Request for restoration of annual leave is approved/disapproved. Expiration Date: _____

(HRO Signature)

(Date)