

**REQUEST FOR RESTORATION OF
FORFEITED ANNUAL LEAVE**

Name: _____ Last 4 SSN: _____
(Please type or print)

Number of restored hours requested: _____
(Attach copies of OPM-71's for scheduled leave that was cancelled.)

Check reason for restoration:

- Sickness**-Scheduled annual leave could not be taken due to sickness.
 Exigency of public business - scheduled annual leave could not be taken or rescheduled due to urgent and critically important work requirements.
 Administrative Error - annual leave was forfeited due to documented administrative error.

Describe circumstances supporting restoration (e.g., dates that annual leave was originally scheduled, date of sickness, nature/criticality of exigency, nature of administrative error, etc.):

Signature: _____ Date: _____

Supervisor's Recommendation

- Recommend approval. The forfeited annual leave meets the requirement for restoration.
 Recommend disapproval. A statement of the reason(s) is attached.

Supervisor's Name: _____ Location _____

Signature: _____ Date: _____

Approving Official's Decision (HRO Use Only)

- Request approved. The forfeited annual leave meets the requirements for restoration.
 Request disapproved. See attached memorandum.

Approving Official's Name: _____ Title _____

Signature: _____ Date: _____

Note: Any restored annual leave must be used within two years after the date of restoration or it is again forfeited with no further rights to restoration.