

<b>RESTORATION OF FORFEITED ANNUAL LEAVE</b>	<b>DATE:</b>
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<b>FROM:</b>	EMPLOYEE NAME:	SSN:
	DEPARTMENT:	ACTIVITY:
<b>TO:</b>	AGENCY OFFICIAL:	
<b>VIA:</b>	IMMEDIATE SUPERVISOR:	
	DEPARTMENT HEAD:	
<b>SUBJ:</b>	REQUEST FOR RESTORATION OF FORFEITED ANNUAL LEAVE	
<b>REF:</b>	(A) PUBLIC LAW 93-181	

**IN ACCORDANCE WITH THE PROVISIONS OF REFERENCE (A), I REQUEST THAT \_\_\_\_\_ HOURS OF EXCESS ANNUAL LEAVE FORFEITED AT THE END OF CALENDAR YEAR \_\_\_\_\_ BE RESTORED.**

**ABOVE ANNUAL LEAVE WAS FORFEITED FOR THE FOLLOWING REASON(S) (State circumstances)**

ADMINISTRATIVE ERROR:

EXIGENCIES OF PUBLIC BUSINESS:

SICKNESS:

OTHER:

SIGNATURE:

APPROVED	DISAPPROVED	SIGNATURE
		IMMEDIATE SUPERVISOR
		DEPARTMENT HEAD
		AGENCY OFFICIAL (Signature and Title)

COMMENTS: