

**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 disapproved.)

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 requirement 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.