

**REQUEST FOR RESTORATION OF  
FORFEITED ANNUAL LEAVE**

**Name:** \_\_\_\_\_ **Last 4 SSN:** \_\_\_\_\_

**Number of restored hours requested:** \_\_\_\_\_  
(Attach copies of OPM Form(s) 71 for scheduled leave that was disapproved.)

**Check reason(s) for restoration:**

**Sickness** - Scheduled annual leave could not be taken due to sickness.

**Administrative Error** - Annual leave was forfeited due to documented administrative error.

**Exigency of public business** - scheduled annual leave could not be taken or rescheduled due to urgent and critically important work requirements.

**National Emergency** - Employee identified by the agency as performing duties essential in responding to the National Emergency.

**Describe circumstances supporting restoration:** e.g., dates that annual leave was originally scheduled and canceled, reason and dates of circumstances leading to the cancellation, etc. (Attach separate Memorandum for Record if additional space is required):

**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:** \_\_\_\_\_

**HRO Rep Name:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

**Assistant Adjutant General (ATAG) Decision**

**Request approved** - The forfeited annual leave meets the requirement for restoration.

**Request disapproved** - See attached memorandum.

**Rank / First & Last Name:** \_\_\_\_\_ **Service :** \_\_\_\_\_

**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 restoration rights.