

**REQUEST FOR RESTORATION OF
FORFEITED ANNUAL LEAVE**

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

Number of restored hours requested: _____
(Attach copies of OPM Form(s) 71 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 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.