

REQUEST FOR RESTORATION OF ANNUAL LEAVE - 2024 LEAVE YEAR

EMPLOYEE'S NAME: _____

ORGANIZATION: _____ LAST 4 DIGITS OF SSN: _____

PHONE NUMBER: _____

Please attach timekeeping (webTA/GovTA) documentation of leave notifications.

TOTAL NUMBER OF ANNUAL LEAVE HOURS REQUESTED FOR RESTORATION. The number of annual leave hours for restoration must agree with the number of hours forfeited.

_____ APPROVAL DATE	_____ #HOURS	_____ APPROVAL DATE	_____ #HOURS
_____ APPROVAL DATE	_____ #HOURS	_____ APPROVAL DATE	_____ #HOURS
_____ APPROVAL DATE	_____ #HOURS	_____ APPROVAL DATE	_____ #HOURS
_____ APPROVAL DATE	_____ #HOURS	_____ APPROVAL DATE	_____ #HOURS
_____ APPROVAL DATE	_____ #HOURS	_____ APPROVAL DATE	_____ #HOURS

BRIEF NARRATIVE JUSTIFICATION EXPLAINING WHY LEAVE COULD NOT BE USED.

(If exigency of public business, please give beginning and ending dates of exigency).

Exigency: (Justification)

EMPLOYEE'S SIGNATURE

DATE

SUPERVISOR'S SIGNATURE

DATE

EXIGENCY APPROVAL OFFICIAL

DATE