

## REQUEST FOR RESTORATION OF ANNUAL LEAVE

EMPLOYEE'S NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ LAST 4 DIGITS OF SSN: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**APPROVAL AND CANCELLATION DATE(S) of written notification of leave.** Please attach timekeeping (GovTA) documentation of leave notifications. Written leave notification(s) must indicate the date leave was approved and subsequently canceled.

**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

\_\_\_\_\_  
CANCELLATION DATE

\_\_\_\_\_  
#HOURS

\_\_\_\_\_  
APPROVAL DATE

\_\_\_\_\_  
CANCELLATION DATE

\_\_\_\_\_  
#HOURS

\_\_\_\_\_  
APPROVAL DATE

\_\_\_\_\_  
CANCELLATION DATE

\_\_\_\_\_  
#HOURS

\_\_\_\_\_  
APPROVAL DATE

\_\_\_\_\_  
CANCELLATION DATE

\_\_\_\_\_  
#HOURS

\_\_\_\_\_  
APPROVAL DATE

\_\_\_\_\_  
CANCELLATION 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).

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EXIGENCY APPROVAL OFFICIAL

\_\_\_\_\_  
DATE

**Submit approved request form and supporting documentation through FedHR.**